



Faculty Information

Faculty #1: _____ Email: _____

Department: _____ Office phone: _____

Faculty #2: _____ Email: _____

Department: _____ Office phone: _____

Project Information

Project Title _____

Total Budget Requested: \$ _____

Is IRB (Human Subjects) Clearance Required? Yes No (if yes, date you plan to submit: _____)

Is IACUC (Animal Care) Clearance Required? Yes No (if yes, date you plan to submit: _____)

Abstract (100 word limit)

Blank area for the abstract.

Department Chairperson/Director Approval

Signature of Department Chairperson or Director

Date

Additional Department Chairperson or Director (if needed)

Date

Signature indicates the ability of the chair/director to cover the course reassignment as outlined in the proposal with an adjunct faculty member.