



FACULTY DEVELOPMENT SUMMER FELLOWSHIP PROGRAM

Cover Sheet - Must be typewritten

Name: _____ **Email:** _____

Phone: _____

Academic Rank: _____ **Dept./College:** _____

TITLE OF PROPOSED RESEARCH PROJECT:

ARE HUMAN SUBJECTS INVOLVED IN THIS RESEARCH? YES NO

If yes, a copy of the approval letter from the IRB must be attached. If you have not already received approval, you must also submit the "Application for Research Involving Human Subjects", an informed consent, and any surveys, interview protocols, etc. with this application.

ARE CHEMICALS INVOLVED IN THIS RESEARCH? YES NO

If yes, the department chairperson must initial the following line as verification that the applicant has attended a Hazardous Material Training Session and/or laboratory safety session. The department has a list of departmental faculty, staff, and students who have attended a safety seminar.

Department Chairperson: _____

Date Attended: _____

ARE ANIMALS INVOLVED IN THIS RESEARCH? YES NO

If yes, a copy of the approval letter from the Institutional Animal Care and Use Committee must be attached. If you have not already received approval, you must submit the protocol with this application.

INSTITUTIONAL BIOSAFETY REVIEW: YES NO

If your research involves the use of infectious agents, select agents and toxins, human or endothermic vertebrate materials (including blood, body fluids, cells and tissues), recombinant DNA, synthetic nucleic acid molecules or transgenic animals, the protocol may require Institutional Biosafety Committee (IBC) review and approval. Please contact Dr. Mohamed Fakhr (x2197) if your research involves any of these items. If IBC approval is necessary, a protocol must be submitted with this application.

As Department Chair, please sign below to confirm that you have reviewed this grant application for Biosafety compliance and have determined that:

YES this grant application has been forwarded to the IBC Chair for further review, *or*

NO this grant application *does not* need to be forwarded to the IBC Chair for review

Department Chairperson _____ **Date:** _____

IBC Chairperson approval _____ **Date:** _____

(if applicable and the "YES" box is marked above)



ABSTRACT (written in language that may be understood by a reader from outside the discipline):

PREVIOUS RESEARCH SUPPORT (Internal and External) for the past three years: Source, Amount, Period, and Results, i.e., Publication, Presentation, Show, Performance. Include specific details about the dissemination of project results.
If you require additional space, please attach a separate sheet.