

INDIANA UNIVERSITY SOUTH BEND
Internal Proposal Route Sheet
Office of Research Administration
(574) 520-4181 | FAX (574) 520-5549 |
research@iusb.edu

Erika Zynda
Office of Research Administration
A247
South Bend

Project Director: _____
Name Submitting Dept. Phone # E-mail

Co-Investigator: _____
Name Submitting Dept. Phone # E-mail

Project Title: _____

Amount of this request: \$ _____

Type of Proposal:

- Faculty Research Grant
- Curriculum Development
- Seed Grant
- Vision 20/20 Grant
- Regional Research Grant
- Other _____

Brief layman's description of project:

Special Needs:

- Human Subjects
- Animals
- Biosafety: Pathogenic agent
- Human tissue or fluids
- Recombinant DNA

APPROVALS:

Project Director: _____ Date: _____ Comments: _____

Chairperson: _____
(If applicable)

Dean: _____