



Erika Zynda

Office of Research Administration
AI 247
South Bend

Project Director: Name

Submitting Dept. Phone Email

Co-Investigator: Name

Submitting Dept. Phone Email

Project Title:

Amount of Request:

Type of Proposal:

Brief layman’s description of project:

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

Special Needs:

- | | |
|----------------|------------------------|
| Human subjects | Pathogenic agent |
| Animals | Human tissue or fluids |
| Biosafety | Recombinant DNA |

APPROVALS

Project Director: Date Comments

Chair (if applicable): Date Comments

Dean: Date Comments