

# APPLICATION FOR PRF SUMMER FACULTY GRANT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Prof. Rank: \_\_\_\_\_ PU I.D. #: \_\_\_\_\_

Dept/School: \_\_\_\_\_ Bldg: \_\_\_\_\_

College/School: \_\_\_\_\_ Campus: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Previous Summer Faculty Grant/s: \_\_\_\_\_  
[Year of Award/s]

Title of Project: \_\_\_\_\_

This research will involve the use of: (check all that apply & include approval #s if available)

PACUC:  \_\_\_\_\_

IRB:  \_\_\_\_\_

IBC:  \_\_\_\_\_

This is to certify that the applicant is eligible for an award.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Department Head