

PRF RESEARCH GRANT INFORMATION FORM

Project Director - **first, mi, last**

Professorial Rank

Department & Building

[_____]_____-_____/

Telephone / email

Title of Project

This research study will involve the use of: (approval numbers must be included or a MOU must be in place until the needed regulatory approvals are obtained)

PACUC [Animals] _____ IRB [Humans] _____

IBC [r-DNA, infectious agents, or unfixed human fluids, human tissues or human cell lines] _____

Do you *currently* have a PRF Grant ____ yes ____ no

If yes, expiration date _____

Sponsor Program No. _____

Not required, however, if you know the name of the Ph.D. graduate student you will be supporting:

Name of Student _____

Student ID # _____

Graduate Index _____ (Based on _____ accumulative hours completed)

Project Director Signature _____ / _____
Date

Endorsed:

Dean or Delegate Signature _____ / _____
Date