

Office of Research and Sponsored Programs

CENTER FOR EXCELLENCE FOR FACULTY/STUDENT RESEARCH COLLABORATION

1. **Project Title:** _____

2. **UW-Eau Claire Program** (check appropriate program):

Faculty/Student Research Collaboration Grants

Summer Research Experiences for Undergraduates

3. **Faculty Mentor(s):** _____ Department: _____

Phone: _____ Email: _____

Faculty Signature: _____

Student Collaborator(s): _____

Student Phone: _____ Student Email: _____

4. **Date of Application:** _____ **Project Funding Dates:** _____

5. **Abstract** (brief description of project):

6. **Does this research require human or animal subjects?** Yes No

If so, please indicate the status of the IRB or IACUC application: Pending IRB/IACUC Approval Number: _____

7. **Chairperson's or Unit Administrator's Approval**

Please comment on your support for this project: _____

Signature: _____ Date: _____

Funding Support: _____ Account Number: _____

8. **College Dean's/Associate Dean's or Equivalent Unit Administrator's Approval**

Please comment on your support for this project: _____

Signature: _____ Date: _____

Funding Support: _____ Account Number: _____