

Office of Research and Sponsored Programs

DIVERSITY MENTORING – NEW PROJECT

1. **Project Title:** _____

2. **Faculty Mentor:** _____ **Department:** _____

Phone: _____ **Email:** _____

Faculty Signature: _____

Student Collaborator(s): _____

Phone: _____ **Email:** _____

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

4. **Abstract (Brief Description of Project):**

5. **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:** _____

6. Chairperson's or Unit Administrator's Approval

Please comment on your support for this project: _____

Signature: _____ **Date:** _____

Funding Support: _____ **Account Number:** _____

7. 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:** _____