

Office of Research and Sponsored Programs
RESEARCH AND SCHOLARLY ACTIVITY SUPPORT PROGRAMS COVER PAGE

Project Title: _____

UW-Eau Claire Program (Check Appropriate Program):

Small Research Grants Summer Extramural Grant Development University Research and Creative Activity

Submitted by:

Name: _____

Name: _____

Department/Unit: _____

Department/Unit: _____

Phone & Email: _____

Phone & Email: _____

Date of Application: _____

Project Funding Dates: _____

Abstract (Brief Description of Project):

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: _____

Chairperson's or Unit Administrator's Approval

Please comment on your support for this project: _____

Signature: _____

Date: _____

Funding Support: _____

Account Number: _____

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: _____