

Office of Research and Sponsored Programs

RESEARCH, SCHOLARLY AND CREATIVE ACTIVITY SUPPORT PROGRAMS COVER PAGE

Project Title: _____

UW-Eau Claire Program: Graduate Student RSCA Support

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: _____

Research Mentor's Approval

Please comment on your support for this project: _____

Signature: _____

Date: _____

Graduate Program Director or Coordinator's Approval

Please comment on your support for this project: _____

Signature: _____

Date: _____

Department Chair's Approval (Not required for the MBA program)

Please comment on your support for this project: _____

Signature: _____

Date: _____