

PRF XR Research Grant Information Form

(College/Department Internal Use)

Contact Information

Project Director	
Professional Rank	
Department	
Phone	
E-Mail Address	

Project Information

Project Title	
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Is Regulatory Approval Needed?

Choose yes or no ***for each***. If approval number is known please indicate.

Biohazard (IBC): ___ Yes ___ No Approval #:

Recombinant (IBC): ___ Yes ___ No Approval #:

Human Subject (IRB): ___ Yes ___ No Approval #:

Vertebrate Animals (PACUC): ___ Yes ___ No Approval #:

Do you have an existing PRF XR Research Grant?

If yes, list account number & expiration date.

___ Yes

___ No

Account Number:

Expiration Date:

Ph.D. Student Information

Not necessary at this time but needed before account will be released.

Name of Ph.D. Student	
Student ID	
Graduate Index	
Based on how many accumulative hours completed?	

Project Director Signature	
Date	