

**Center for Faculty Development Course-based Undergraduate Research (CURE)
Proposal Administrative Form**

1. Principal Investigator:	2. Department:
3. Phone number:	4. Email:
5. Project Title:	
6. Research Period: From: To:	7. Total Amount Requested \$ Faculty Summer Salary \$ Undergraduate Mentee Stipend \$ Other Justified Expenses \$
8. Matching Funds secured from Department Chair and/or Dean. \$ \$	
9. ANIMALS: Does this project involve the use of animals? () yes () no If yes and you receive the award, contact Danielle Dady, ddady@odu.edu Date approved: Protocol #: Date submitted for pending application: If YES, all “key personnel” must complete appropriate CITI Animal Use and Care training Date completed: Attach certification letters for all Key Personnel	
10. HUMAN SUBJECTS: Does this project involve human subjects or data obtained from human subjects? () yes () no If yes and you receive the award, contact Danielle Faulkner, dfaulkn@odu.edu Date of approval: Protocol #: Date submitted for pending application: If YES, all “key personnel” must complete Human Subjects Training. Date completed: Attach certification letters for all Key Personnel	
11. Departmental Fiscal Technician contact information: Name: Email:	

PI Signature _____ **Date** _____

Print/Type Name

Department Chair's Evaluation and Commitment to Matching Funds

Signature **Date** **Department/College**

Print/Type Name

College Dean's Evaluation and Commitment to Matching Funds

Signature **Date** **Department/College**

Print/Type Name