

Office of Academic Affairs, Old Dominion University
Promoting Course-based Undergraduate Research (CURE) 2025-26
 Proposal Administrative Form

1	Principal Investigator:	2	Department:											
3	Phone Number:	4	Email:											
5	Project Title:													
6	Research Period: From: <input style="width: 100%;" type="text"/> To: <input style="width: 100%;" type="text"/>	7	Total Amount Requested: \$ <input style="width: 100%;" type="text"/> Faculty Summer Salary: \$ <input style="width: 100%;" type="text"/> Undergraduate Mentee Stipend: \$ <input style="width: 100%;" type="text"/> Other Justified Expenses: \$ <input style="width: 100%;" type="text"/>											
8	Matching Funds secured from Department Chair and/or Dean: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Dean</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 70%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Department Chair</td> <td style="text-align: center;">\$</td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>			Dean	\$	<input style="width: 95%;" type="text"/>	Department Chair	\$	<input style="width: 95%;" type="text"/>					
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Department Chair	\$	<input style="width: 95%;" type="text"/>												
9	Use of Animals: Does this project involve the use of animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes and you receive the award, please contact Danielle Dady, ddady@odu.edu <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date of approval:</td> <td style="width: 30%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;">Protocol #:</td> <td style="width: 40%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td colspan="4">Date submitted for pending application: <input style="width: 95%;" type="text"/></td> </tr> </table> If YES, all “key personnel” must complete appropriate CITI Animal Use and Care training <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date Completed:</td> <td style="width: 30%;"><input style="width: 95%;" type="text"/></td> <td style="width: 50%;">Attach certification letters for all Key Personnel</td> </tr> </table>			Date of approval:	<input style="width: 95%;" type="text"/>	Protocol #:	<input style="width: 95%;" type="text"/>	Date submitted for pending application: <input style="width: 95%;" type="text"/>				Date Completed:	<input style="width: 95%;" type="text"/>	Attach certification letters for all Key Personnel
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10	Human Subjects: Does this project involve human subjects or data obtained from human subjects? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes and you receive the award, please contact Olivia Trumino, otrumino@odu.edu <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date Approved:</td> <td style="width: 30%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;">Protocol #:</td> <td style="width: 40%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td colspan="4">Date submitted for pending application <input style="width: 95%;" type="text"/></td> </tr> </table> If YES, all “key personnel” must complete Human Subjects Training <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date Completed:</td> <td style="width: 30%;"><input style="width: 95%;" type="text"/></td> <td style="width: 50%;">Attach certification letters for all Key Personnel</td> </tr> </table>			Date Approved:	<input style="width: 95%;" type="text"/>	Protocol #:	<input style="width: 95%;" type="text"/>	Date submitted for pending application <input style="width: 95%;" type="text"/>				Date Completed:	<input style="width: 95%;" type="text"/>	Attach certification letters for all Key Personnel
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Email:	<input style="width: 95%;" type="text"/>													

PI Signature:	Date:
Print/Type Name:	

Department Chair's Evaluation and Commitment to Matching Funds			
Signature:		Date:	
Department/College			

College Dean's Evaluation and Commitment to Matching Funds			
Signature:		Date:	
Department/College			