

Collaborative Faculty-Student Project Award (CFSPA)
COVER PAGE

Faculty Information

Name: _____ Email: _____
Department _____ Office phone _____
List additional faculty involved in the project _____

Student Information

Name: _____ Email: _____ Major: _____
Name: _____ Email: _____ Major: _____
Name: _____ Email: _____ Major: _____

Project Information

Project Title _____

Total Budget Requested: \$ _____
Is IACUC (Animal use) Clearance Required? Yes No (if yes, date you plan to submit: _____)
Is IRB (Human Subjects) Clearance Required? Yes No (if yes, date you plan to submit: _____)

Abstract (100 word limit)

Department Chairperson Approval

Signature of Department Chairperson

Date