

# PRF XR Research Grant Information Form

(College/Department Internal Use)

Project Director (please print) \_\_\_\_\_

Professional Rank \_\_\_\_\_

Department \_\_\_\_\_

Phone / Email Address \_\_\_\_\_

Title of Project

**Is Regulatory Approval Needed?** (circle/underline yes or no for each. If approval number known please indicate)

Biohazard (IBC): yes or no

Approval Number: \_\_\_\_\_

Recombinant (IBC): yes or no

Approval Number: \_\_\_\_\_

Human Subject (IRB): yes or no

Approval Number: \_\_\_\_\_

Vertebrate Animals (PACUC): yes or no

Approval Number: \_\_\_\_\_

**Do you have an existing PRF XR Research Grant?** Yes or No If yes, list account number & expiration date.

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 \_\_\_\_\_ accumulative hours completed)

Project Director Signature & Date \_\_\_\_\_