

**EXTERNAL FELLOWSHIP/GRANT APPLICATION DATA FORM**  
**Graduate Students and Postdoctoral Scholars**

Policy & Procedure is located at: <http://www.gradstudies.ucdavis.edu/ssupport/external.html>

<b>Applicant (PI):</b> _____ Last First Middle Initial	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Postdoctoral Scholar
Phone No.: _____	Student I.D. _____	Employee I.D. _____
E-mail Address: _____	Graduate Program: _____	Department: _____
Contact to be called for pick-up of proposal: _____		

Dept. Administrator: \_\_\_\_\_ Dept. Admin. Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Agency/Funding Source:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Agency Contact Person: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
**Agency**  postmark by:  receipt by:  
**Deadline:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_ Project Period: \_\_\_\_\_  
Type of Action  New  Continuation  Revision Type of Project:  Research  Training  Other: \_\_\_\_\_

**Budget Estimate** (if required in application): Stipend/Salary: \_\_\_\_\_ Research Expense/Other: \_\_\_\_\_  
Cost-of-Education (Grad Students): \_\_\_\_\_ Institution Support: \_\_\_\_\_ TOTAL: \_\_\_\_\_

**Environmental Health & Safety** (<http://ehs.ucdavis.edu>): Does your lab have an injury prevention program?  Yes  No  
Will the project use:  
Carcinogens  Yes  No Ionizing Radiation  Yes  No Involve Scuba Diving?  
Federally Regulated Drugs or Pathogenic Agent(s)  Yes  No Date of Certification by UC Diving Officer: \_\_\_\_\_  
Controlled Substances  Yes  No Recombinant DNA  Yes  No Involve operation of a boat?  
Current EH&S Protocol Numbers \_\_\_\_\_ Date Approved: \_\_\_\_\_ UCD Boating Committee Clearance Date: \_\_\_\_\_

**Vertebrate Animals:**  Yes  No Protocol No.: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**Institutional Review Board (IRB): Human Subjects** (<http://www.research.ucdavis.edu/home.cfm?id=OVC,1>):  
 Yes  No Date Approved: \_\_\_\_\_ Protocol No.: \_\_\_\_\_ Exemption:  Yes  No Category: \_\_\_\_\_

**Signatures:**  
 Original agency application **and 1 copy** of all required pages attached.  
 Copy of agency instructions/guidelines attached **or**  
 Weblink for online instructions/guidelines: \_\_\_\_\_  
Web Address: \_\_\_\_\_  
How did you hear about this award?  
 Graduate Studies Web Site  Graduate Studies Listserv (e-mail)  
 Graduate Studies Bulletin Board  Department/Program Web Site  
 Other (please describe) \_\_\_\_\_

<b>Applicant:</b> Signature _____ Date _____	<b>Faculty Sponsor:</b> Print Name _____ Date _____
<b>Department Chair:</b> Print Name _____ Date _____	Signature _____ Date _____
Signature _____ Date _____	

**OFFICE OF THE DEAN ONLY**

Date Received in Graduate Studies \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Called to Pick-up \_\_\_\_\_  
Comments: \_\_\_\_\_  
Packet Complete  Yes  No  
Fellowship/Grant Submission P & P "Yellow Sheet" issued:  Yes  No