

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

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

<b>Agency/Funding Source:</b> _____	Agency Contact Person: _____
Address: _____	Phone No.: _____
_____	E-mail: _____
_____	<b>Agency Deadline:</b> _____
	<input type="checkbox"/> postmark by: <input type="checkbox"/> receipt by:

**Project Period (dates):** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**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>):

Carcinogens <input type="checkbox"/> Yes <input type="checkbox"/> No	Ionizing Radiation <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your lab have an injury prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No Does research involve: 1. Scuba diving? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Certification by UC Diving Officer: _____ 2. Operation of a boat? <input type="checkbox"/> Yes <input type="checkbox"/> No UCD Boating Committee Clearance Date: _____
Federally Regulated Drugs or _____	Pathogenic Agent(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Controlled Substances <input type="checkbox"/> Yes <input type="checkbox"/> No	Recombinant DNA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current EH&S Protocol Numbers _____	Date Approved: _____	

**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:**

<input type="checkbox"/> Original agency application <b>and 1 copy</b> of all required pages attached.	How did you hear about this award?
<input type="checkbox"/> Copy of agency instructions/guidelines attached <b>or</b>	<input type="checkbox"/> Graduate Studies Web Site <input type="checkbox"/> Graduate Studies Listserv (e-mail)
<input type="checkbox"/> Weblink for online instructions/guidelines:	<input type="checkbox"/> Graduate Studies Bulletin Board <input type="checkbox"/> Department/Program Web Site
Web Address: _____	<input type="checkbox"/> Other (please describe) _____

**Note: Incomplete information or missing signatures will result in a delay in approval/processing.**

<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