

**OFFICE OF GRADUATE STUDIES
GRANT/RESEARCH PROPOSAL DATA FORM**

Name of Applicant _____ Graduate Student Post Doctoral Scholar

Project Title _____ Phone _____

Social Security Number _____ Program/Major _____

Department _____ Faculty Sponsor _____

Dept. Administrator _____ Phone/Fax No's. _____

Person to be called for pick-up of Proposal: _____ Phone No. _____

Agency _____ Contact _____

Address _____ Phone _____

_____ Project Period _____

_____ Award Date _____

_____ Grant Number _____

Type of Action New Continuation Revision **Agency**

Type of Project: Research Training Public Service **Deadline** _____

Budget

Stipend/Salary _____

Research Support _____

Equipment _____

Institution Support _____

Total _____

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Commitment of Support _____

Safety:

Carcinogens Yes No

Federally regulated Drugs/
Controlled Substances Yes No

Toxic/Corrosive Chemicals Yes No

Ionizing Radiation Yes No

Pathogenic Agent Yes No

Recombinant DNA Yes No

Current EH&S Number _____

Vertebrate Animals: Yes No Date approved _____

Human Subjects: Yes No Date approved _____

Protocol Number _____

Exemption: Yes No Category: _____

Signatures:

Original and 1 copy of all required pages attached.

Copy of agency instructions/guidelines attached.

Applicant: _____ Date _____

Department Chair _____ Date _____

Faculty Sponsor _____ Date _____

How did you hear about this award?
 Grad. Div. WWW page Other WWW page Gopher
 Grad. Div. Bulletin Board Dept. Bulletin Board
 Other (please describe) _____

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Date Recd. in Graduate Studies _____ Date Approved _____ Date Called to Pick-up _____

Packet Complete _____ Yes _____ No

Comments: _____