

Office of Undergraduate Research

Undergraduate Research Grant Proposal Cover Sheet

Application Date: _____

Project Title: _____

Student Name: _____ Vandal Number: _____

Address: _____

Phone Number(s): _____ e-mail address: _____

Degree Program: _____ Major: _____

Research Integrity and Compliance:

a) Proposal constitutes original work Yes No

Will your work involve any of the following?

b) Research on Human Subjects	Yes	No	IRB# _____
c) The use of Vertebrates (animals)	Yes	No	IACUC# _____
d) Use of Radiation, Chemical Hazards, or Lasers	Yes	No	
e) Use of Biohazards (Infectious Agents, Recombinant DNA)	Yes	No	
f) Conflicts of Interest	Yes	No	
g) Intellectual Property / Technology Transfer	Yes	No	
h) Import or Export of Data, Goods or Services	Yes	No	
i) Classified Information / Collaborative Research	Yes	No	

If yes, please explain: _____

Student's Signature*: _____

Sponsoring Faculty Mentor _____ Department/College _____

Is this project receiving funding from another source(s)? Yes No

If yes, please explain: _____

Are you doing this work in conjunction with a faculty member's work? Yes No

If yes, please explain: _____

I certify that I have reviewed this student's proposal, that this student is capable of performing the work described, and that I will mentor the student throughout this project.

Faculty Signature*: _____

*Cover sheet must be signed by student and faculty mentor

Submit by posted deadline to the Office of Undergraduate Research at our@uidaho.edu