**CURAS Summer Faculty Research Fellowship**

 **Summer of 2020**

**Creighton University**

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| --- |
|  **Project Information:** |
| Project Title:  |  |
| Principal Investigator: |  |
| Undergraduate student researchers: |  |
|  School: |  |
|  Department: |  |
|  E-mail: |  | Telephone: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Dates of Project: | From: |  **May 1, 2020** | To: |  **December 1, 2020** |
| Does the project involve human subjects? | Yes |  | No |  |  |
| If so, has the project been approved by the Institutional Review Board? | Yes |  | No |  | Pending: |  |
| Does the project involve vertebrate animals? | Yes |  | No |  |  |
| If so, has the project been approved by the Animal Research Committee? | Yes |  | No |  | Pending: |  |
|  |
| **Principal Investigator Signature:**  *The information in the attached proposal is true, complete and accurate to the best of my knowledge. By signing below, I certify that I will accept responsibility for the management of this project, including mentoring of undergraduate students.* |
| Principal Investigator: |  | Date |  |
|  |  |  |  |
| **Department Approval:**  *Approval given for the attached proposal represents general approval of University policies and procedures, technical merit, allocation of institutional space/resources, and fiscal budgeting.* |
| Department Chair: |  | Date |  |

**2020 Summer Faculty Research Fellowship**

 **Budget Form**

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| --- | --- |
|  | **Project Costs** |
| **Faculty stipend:** |  |
| **Undergraduate Researcher(s):****List name(s) of students** |  |
| **Supplies:** |  |
| **Travel expenses for research project:** |  |
| **Other expenses:** |  |
| **TOTAL PROJECT COSTS****Budget justification should follow on a separate page.** |  |