

Fall Deadline: October 21, 2024

Applicant:		
Email:	Funding Amoun	nt Requested: (\$500 Undergrad Max., \$800 Graduate Max.)
Program:		Anticipated Graduation Date:
Project Title:		
Total Cost to Complete Project: \$		Requested Funding: \$(\$500 Undergraduate Max., \$800 Graduate Max.)
University Review Board Approval/E	Exemption Evidence (see guidelines for description of each board):
Institutional Review Board (IRB)		
Institutional Animal Care & Use Co	ommittee (IACUC)	
Institutional Biosafety Committee ((IBC)	
Creative or research project did not	involve any of the al	pove groups
Graduate Student Applicants Only:		
•		and I have an approved prospectus (or I am
Applicant: I have read the grant guidelines and c	onfirm that this appli	cation complies with all requirements.
Name:	Signature:	Date:
Faculty Supervisor or Thesis/Disse		
• •		blication(s)/performance(s), will benefit CMU.
I have read the proposal and the grant requirements. I agree to support and i		rm that this application complies with all roughout the project process.
Name:	Signature:	Date:
Department Chair (or Interdiscipli		
Comments:		
	to this project. I ha	ve read the proposal and the grant guidelines and
Name:	Signature:	Date: