

President's Undergraduate Student Research Program Graduate Student Research Program

Proposal Cover Page

Name (Print):	Phone:			
Email:	Buff ID:			
Discipline:				
Class: ☐ Fr. ☐ So. ☐ Jr. ☐ Sr. ☐ Graduate				
Anticipated Graduation Date:	-			
Lab Building and Room Number (as applicable):				
Has permission been granted for lab use (Y or N)?				
Budget Amount Requested: \$	_External to WT: \$			
Budget amount requested must match Budget Justification and Budget Brea	akdown sheet			
Title of Proposal (<u>Max 10 words</u>):				
Student Signature	Date			
Faculty Advisor Name (Print)				
Faculty Advisor Signature	Date			
Select your answers - Does this project require review by the:				
Institutional Review Board (IRB)?	\square Yes \square No			
Institutional Animal Care and Use Committee (IACUC)?	\square Yes \square No			
Institutional Biosafety Committee (IBC)?	\square Yes \square No			

		n previously funded If so, when?					ns?
		Summary (100-200 ou plan to do it.	words) Use pl	ain, non-tech	nical language	to describe wha	at you plan to
.		. (50.150			1 11/17 1 1 1 1 1		c
		ssion (50-150 words als, as described in				meet one or mo	re of

Advisor Supporting Narrative which must be written by advisor (feel free to copy and paste into this section, 150 words maximum).
Other Resources: Do you have other resources to assist with your project (use of lab, equipment, supplies, etc.)? If so, explain.

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Narrative

*End of Research Narrative

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Bibliography

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Budget Justification

Provide a justification (in a sentence or two) for each item requested in the budget. Please follow the same order found on the Budget Breakdown sheet. This amount must match the Budget Breakdown sheet and the requested proposal amount.