Project Title:

Key Words:	
Total Amount Requested: <u>\$</u>	
PI/LM Signature:	Date:
Co-PI/LM Signature:	Date:
Endorsement of Department Chairs/Supe	ervisor/Faculty Mentor (for Students)
For Principal Investigator or Project Lead:	
As Chair of the Department of information provided above. { Optional Language : in, which will be available f requested for this project has been reviewed and a	This project will be conducted or this purpose. The course release
Department Chairman (Print):	
Signature:	Date:
For co-Principal Investigator or Project Lead:	
As Chairman of the Department of information provided above. { Optional Language : in, which will be available f requested for this project has been reviewed and a	This project will be conducted or this purpose. The course release
Department Chairman (Print):	
Signature:	Date:

Previous and Current Funding

Has support for this or a similar project been requested from other internal sources or from external agencies (e.g., Student Activities, NIH, NSF)?

No _____ Yes _____

List of Collaborators (Full Name, Organization, Email)