1. Project Investigator(s):  

2. Department:  

3. Phone number:  

4. Email:  

5. Project Title:  

6. Do you intend to teach during Summer Session?  (  ) Yes  (  ) No  
   If yes, how many classes?  Will these overlap the 8 week research period?  

7. Do you intend to devote time to other research projects while you work on the  
   SRFP this summer?  (  ) Yes  (  ) No  (  ) Proposal Pending  
   If you answered yes to either question or proposal pending, ensure you include a working schedule in your proposal.  

8. Eight Week Research Period:  
   From:  
   To:  

9. Total Amount Requested $  
   Stipend $  
   Justified Expenses $  

10. Regulatory Compliance  
   Animals & Biosafety:  
   Does this project involve the use of animals or other biosafety factors?  (  ) Yes or (  ) No.  
   If yes please contact Jeffrey Marshall, Senior Research Compliance Coordinator, at jrmarpa@odu.edu.  
   Date approved:  
   Protocol #:  
   Date submitted for pending application:  

   Human Subjects:  
   Does this project involve human subjects or data obtained from human subjects?  (  ) Yes or (  ) No.  
   If yes please contact Adam Rubenstein, Asst. VP for Research Compliance, at arubenst@odu.edu.  
   Date of approval:  
   Protocol #:  
   If YES, all “key personnel” must complete Human Subjects Training.  
   Date completed:  
   Attach certification letters for all Key Personnel
1. Project Investigator: ____________________________________________________________

_________________________________________
Signature Date Department/College 

Print/Type Name

2. Department Chair’s Evaluation: ________________________________________________

_________________________________________
Signature Date Department/College 

Print/Type Name

3. College Dean or Associate Dean’s Evaluation: _________________________________

_________________________________________
Signature Date Department/College 

Print/Type Name

4. College Dean or Associate Dean’s Evaluation: _________________________________

_________________________________________
Signature Date Department/College 

Print/Type Name