

MU Submission Data Form Research Board Grant Application

Primary Applicant _____ University Empl ID _____
 Campus Address _____ E-mail address _____
 Department _____ College, School, or Division _____
 Project Title _____
 Regular (Tenure or Tenure-track) _____ Non-regular _____ Submission Deadline _____

Check Any Items Involved:

Human Subjects Recombinant DNA Radioactive material Select Agents Animals
 Export Controls Other Potential Hazard

Additional Applicants (if any)

Co-Applicant _____	Co-Applicant _____
University Employee ID _____	University Employee ID _____
Department _____	Department _____
College, School, Division _____	College, School, Division _____

Co-Applicant _____	Co-Applicant _____
University Employee ID _____	University Employee ID _____
Department _____	Department _____
College, School, Division _____	College, School, Division _____

Signatures:

_____ Primary Applicant	Date	_____ Department Chair	Date
_____ Dean or Director	Date	_____ Campus Official	Date
_____ Co-P.I.	Date	_____ Co-P.I.	Date
_____ Co-P.I.	Date	_____ Co-P.I.	Date

Comments (Chairs, Deans) regarding administrative commitments for faculty time, space, resources, ect.: