

## MU Submission Data Form Research Board Grant Application

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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

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