Office of Academic Affairs, Old Dominion University

Promoting Course-based Undergraduate Research (CURE) 2024-25

Proposal Administrative Form

1	Principal Investigator:		2	Department:					
3	Phone Number:		4	Email:					
5	Project Title:								
6	Research Period:		7	Total Amount R	equested:	\$			
	From:			Faculty Summer		\$			
	To:			Undergraduate N	Mentee Stipend:	\$			
		Other Justified Expenses: \$			\$				
8	Matching Funds secure	s secured from Department Chair and/or Dean:							
	Dean	\$							
	Department Chair	\$							
9	Use of Animals:	mals:							
	Does this project involve	this project involve the use of animals? □Yes □ No							
	If Yes and you receive	If Yes and you receive the award, please contact Danielle Dady, <u>ddady@odu.edu</u>							
	Date of			Protocol #:					
	approval:								
	Date submitted for pe	nding application:	lication:						
		y personnel" must complete appropriate CITI Animal Use and Care training							
4.0	Date Completed:		Att	ach certification let	ters for all Key P	ersonnel			
10	Human Subjects:	·							
	Does this project involv	s this project involve human subjects or data obtained from human subjects? Yes No							
	If Yes and you receive	es and you receive the award, please contact Olivia Trumino, otrumino@odu.edu							
	Date Approved:	Protocol #:							
		ted for pending application							
	If YES, all "key person	YES, all "key personnel" must complete Human Subjects Training							
	Date Completed:	ate Completed: Attach certification letters for all Key Personnel							
11	· · · · · · · · · · · · · · · · · · ·	epartmental Fiscal Technician contact information:							
	Name:								
	Email:								
PI S	Signature:			Date:					
Prin	Print/Type Name:								

Department Chair's Evaluation and Commitment to Matching Funds									
Signature:		Date:							
Signature.		Duit.							
Department/College	Department/College								
College Dean's Evaluation and Commitment to Matching Funds									
Signature:		Date:							
Department/College									