## Office of Academic Affairs, Old Dominion University

## Promoting Course-based Undergraduate Research (CURE) 2026-27

Proposal Administrative Form

| 1                   | Principal Investigator:   | 2   | Department:                             |    |  |  |  |  |  |
|---------------------|---|---|---|----|--|--|--|--|--|
| 3                   | Phone Number:   | 4   | Email:                                  |    |  |  |  |  |  |
| 5                   | Project Title:  |   |   |    |  |  |  |  |  |
| 6                   | Research Period:  | 7   | Total Amount Requested:                 | \$ |  |  |  |  |  |
|                     | From:   |   | Faculty Summer Salary:                  | \$ |  |  |  |  |  |
|                     | To:   |   | Undergraduate Mentee Stipend:           | \$ |  |  |  |  |  |
|                     |   |   | Other Justified Expenses:               | \$ |  |  |  |  |  |
| 8                   | Matching Funds secured from Department Cha  | g Funds secured from Department Chair and/or Dean:                          |   |    |  |  |  |  |  |
|                     | Dean \$   |   |   |    |  |  |  |  |  |
|                     | Department Chair \$   |   |   |    |  |  |  |  |  |
| 9                   | Use of Animals:   |   |   |    |  |  |  |  |  |
|                     | Does this project involve the use of animals? □Yes □ No   |   |   |    |  |  |  |  |  |
|                     |   |   |   |    |  |  |  |  |  |
|                     | If Yes and you receive the award, please contact Danielle Dady, ddady@odu.edu                       |   |   |    |  |  |  |  |  |
|                     |   |   |   |    |  |  |  |  |  |
|                     | Date of   |   | Protocol #:                             |    |  |  |  |  |  |
|                     | approval:   |   |   |    |  |  |  |  |  |
|                     | Date submitted for pending application:   | ed for pending application:   |   |    |  |  |  |  |  |
|                     | If VFS, all "key nersonnel" must complete and   | "key personnel" must complete appropriate CITI Animal Use and Care training |   |    |  |  |  |  |  |
|                     | Date Completed:   |   | ach certification letters for all Key P |    |  |  |  |  |  |
| 10                  | Human Subjects:   |   |   |    |  |  |  |  |  |
| 10                  | Does this project involve human subjects or data obtained from human subjects? $\Box$ Yes $\Box$ No |   |   |    |  |  |  |  |  |
|                     | 2005 and project involve numen subjects of data obtained from numen subjects. 1105 1110             |   |   |    |  |  |  |  |  |
|                     | If Yes and you receive the award, please contact Olivia Trumino, otrumino@odu.edu                   |   |   |    |  |  |  |  |  |
|                     | Date Approved:  | e Approved: Protocol #:   |   |    |  |  |  |  |  |
|                     | Date submitted for pending application  |   |   |    |  |  |  |  |  |
|                     |   |   |   |    |  |  |  |  |  |
|                     | If YES, all "key personnel" must complete Human Subjects Training                                   |   |   |    |  |  |  |  |  |
|                     | Date Completed: Attach certification letters for all Key Personnel                                  |   |   |    |  |  |  |  |  |
| 11                  | Departmental Fiscal Technician contact information:   |   |   |    |  |  |  |  |  |
|                     | Name:   |   |   |    |  |  |  |  |  |
|                     | Email:  |   |   |    |  |  |  |  |  |
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| PI Signature: Date: |   |   |   |    |  |  |  |  |  |
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| Department Chair's Evaluation and Commitment to Matching Funds |                    |       |  |  |  |  |  |  |  |
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| Department/College   | Department/College |       |  |  |  |  |  |  |  |
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| College Dean's Evaluation and Commitment to Matching Funds     |                    |       |  |  |  |  |  |  |  |
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| Department/College   |                    |       |  |  |  |  |  |  |  |