



Title of Project

Principal Investigator

Work Telephone:

Dept:

E-mail Address:

Campus  
Address:

Date of appointment  
to UNCG:

Current Rank (if  
applicable):

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Current Position?	Tenured	Tenure-Seeking	Academic Professional Faculty
	Clinical Faculty	Research Faculty	Other (please clarify)

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Type of Application?	New Faculty	Regular Faculty	Faculty First
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Amount of funding requested?

To which subcommittee would you like to have your proposal assigned?

Arts & Humanities

Social & Behavioral Sciences

Physical & Natural Sciences

Creative & Performing Arts

Resubmission?    Yes    No

Does proposal involve:

Research with human participants?	If yes, has the protocol been submitted for review?	Has the protocol been approved?
Yes    No	Yes    Just-in-time	Yes    No
Research with animals?	If yes, has the protocol been submitted for review?	Has the protocol been approved?
Yes    No	Yes    Just-in-time	Yes    No
Research with radioactive elements?	If yes, has the protocol been submitted for review?	Has the protocol been approved?
Yes    No	Yes    Just-in-time	Yes    No
Research with hazardous materials?	If yes, give date submitted for review:	Has the protocol been approved?
Yes    No		Yes    No
Research with international colleagues, grad students, travel, or shipments?		
Yes    No		

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Signatures:

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Applicant	Date	Department Head or Designee	Date	Dean or Designee	Date
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