

Office of Undergraduate Research Curriculum Development Grant Proposal Cover Sheet

Project Title: _____

Proposed Semester during which the New/Revised Course will be offered: _____

Faculty Member's Name: _____ Dept./College: _____

Faculty's Email Address: _____

Applicant's Phone Number: _____ E-mail Address: _____

Research Integrity and Compliance:

Will your work involve any of the following?

- | | | | |
|---|-----|----|--------------|
| a) Research on Human Subjects | Yes | No | IRB# _____ |
| b) The use of Vertebrates (animals) | Yes | No | IACUC# _____ |
| c) Use of Radiation, Chemical Hazards, or Lasers | Yes | No | |
| d) Use of Biohazards (Infectious Agents, Recombinant DNA) | Yes | No | |
| e) Conflicts of Interest | Yes | No | |
| f) Intellectual Property / Technology Transfer | Yes | No | |
| g) Import or Export of Data, Goods or Services | Yes | No | |
| h) Classified Information / Collaborative Research | Yes | No | |

If yes, please explain: _____

Is this curricular development receiving funding from another source(s)? Yes No

If yes, please explain: _____

Is the proposed research project receiving funding from another source(s)? Yes No

If yes, please explain: _____

Faculty Signature: _____ Date: _____

Department Chair's Signature _____ Date: _____

Submit electronically along with proposal and other required application materials to the
Office of Undergraduate Research at our@uidaho.edu