Ross-Lynn Research Scholar Fund Information Form
(College/Department Internal Use)

Project Director (please print)   **Professional Rank**

Department   **Phone / Email Address**

Title of Project

> (blank box)

Is Regulatory Approval Needed? *(circle/underline yes or no for each. If approavl number know please indicate)*

    Biohazard (IBC):   yes   or   no   Approval Number: _____

    Recombinant (IBC):   yes   or   no   Approval Number: _____

    Human Subject (IRB):   yes   or   no   Approval Number: _____

    Vertebrate Animals (PACUC):   yes   or   no   Approval Number: _____

Do you have a existing PRF XR Research Grant?   Yes or No   If yes, list account number & expiration date.

    Account Number: _____

    Expiration Date: _____

Ph.D. Student Information (not necessary at this time but needed before account will be released)

    Name of Ph.D. Student: _____

    Student ID: _____

    Graduate Index _____ (Based on _____ accumulative hours completed)

Project Director Signature & Date