APPLICATION TO RESEARCH COMMITTEE
COLLEGE OF DENTISTRY
FOR UNIVERSITY RESEARCH FUNDS

1. NAME OF PRINCIPAL INVESTIGATOR: _______________________(Faculty member only)
   UNIVERSITY ADDRESS: _______________________
   TELEPHONE NUMBER: _______________________
   E-MAIL ADDRESS: _______________________

2. COLLABORATING INVESTIGATOR(S) _______________________________________________________

3. PROJECT TITLE: ____________________________________________________________

4. ANTICIPATED PERIOD OF PROJECT _________ to __________

5. SPACE AND EQUIPMENT:
   Lab space required and location (bench space ft) __________________________
   Storage space required ____________________________
   Major equipment to be used ____________________________

6. TOTAL AMOUNT REQUESTED: $___________________

7. WILL THIS PROJECT INVOLVE THE USE OF HUMAN SUBJECTS?
   YES ______ NO ______

8. WILL THIS PROJECT INVOLVE VERTEBRATE ANIMALS?
   YES ______ NO ______

Please attach a research protocol prepared in accordance with the Guidelines for College of Dentistry Research Support Applications.