

Collaborative Faculty-Student Project Award (CFSPA)  
COVER PAGE

**Faculty Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Department \_\_\_\_\_ Office phone \_\_\_\_\_  
List additional faculty involved in the project \_\_\_\_\_  
\_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Major: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_ Major: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_ Major: \_\_\_\_\_

**Project Information**

Project Title \_\_\_\_\_  
\_\_\_\_\_  
Total Budget Requested: \$ \_\_\_\_\_  
Is IACUC (Animal use) Clearance Required? Yes  No (if yes, date you plan to submit: \_\_\_\_\_ )  
Is IRB (Human Subjects) Clearance Required? Yes  No (if yes, date you plan to submit: \_\_\_\_\_ )

**Abstract (100 word limit)**

**Department Chairperson Approval**

\_\_\_\_\_  
Signature of Department Chairperson

\_\_\_\_\_  
Date