

SUSTAINABLE UNIVERSITIES INITIATIVE APPLICATION COVER PAGE

PROJECT TITLE:

NAME: _____ Faculty Rank/Title: _____

Dept./College/Campus _____ Years at present institution _____

Campus Phone: _____ Fax: _____ Email: _____

Amount Requested: _____ Project Dates: _____

(NOTE: If more than one PI, as in team teaching proposal, please submit duplicate cover pages.)

Does this project involve:

Human subjects? No _____ Yes _____

Vertebrate animals? No _____ Yes _____ (Approval # _____)

Hazardous materials? No _____ Yes _____ (Type _____)

(Note: applicants must acquire all necessary approvals before grant will be activated.)

Signatures:

Principal Investigator	Signature	Date
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Department Chair	Signature	Date
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Dean/Chancellor	Signature	Date
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