

**FERRIS STATE UNIVERSITY**  
**Faculty Research Grant: Cover Page**

Project Title: \_\_\_\_\_

Funds Requested: \_\_\_\_\_

Proposed Start Date : \_\_\_\_\_ Proposed End Date : \_\_\_\_\_

**Required Signatures:**

Initiator Name : \_\_\_\_\_

Department : \_\_\_\_\_

College: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have already gained approval, or submitted an application to the IRB (if the proposed project utilizes human subjects) or the IACUC (if the project utilizes animals). I understand that proof of IRB /IACUC approval must be submitted to the senate office (letters may be emailed to [sylviamaixner@ferris.edu](mailto:sylviamaixner@ferris.edu)) before funds are made available.

Yes \_\_\_\_\_ No \_\_\_\_\_

If approved, I agree to carry out the project as proposed in this application.

\_\_\_\_\_  
Faculty member signature

\_\_\_\_\_  
Date

I support the project outlined in this application.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Department Head/Chair/ Director or Dean signature

\_\_\_\_\_  
Date

