

**SUBMIT COMPLETED APPLICATION WITH THIS FACE SHEET TO THE SECRETARY OF THE RESEARCH
COMMITTEE, JO ELLA WILLIS, DENTAL RESEARCH, N419 DSB
PHONE: 319/335-7387 or FAX: 319/335-8895**

**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.