UCARE APPLICATION

YEAR 2 Proposal

A. To be completed by student (*Please type*.)

Name:		Student I.D.#:
Local Address (including street address, city, state, and **zip code**):		Current Year in school: Fr ☐ So ☐ Jr ☐ Sr ☐
Email Address:		Telephone Number:
Major:	Expected Graduation Date:	Grade Point Average:
Project Title:		
Duration of Project: From: To:	Funds Requested: ☐ $500 ☐ $1000 ☐ $1500 ☐ $2000 ☐ $2400 Other:_____	
I understand if awarded these funds I may be asked to share the results of my study/activity with the University Community in a forum such as a poster session.		
Signature:		Date:

To be completed by faculty sponsor (If you have questions, please call the UCARE office at ext. 2-5024. If you need additional space, you may submit supporting materials separately.)

Name:	Rank:	Campus Address:
Department:	College or School:	Email Address:
Please comment on the ability of the student to carry out the proposed project.		
If the student's project is closely related to your own, please explain how it may contribute to your research program. If not, please indicate the significance or impact of this project.		
Signature:		Date:

UCARE SUMMARY STATEMENT

Student Name:
_____

Project Title:
_____

Summary Statement

Provide a 100 to 200-word summary of your independent research project or creative activity. (You may attach a separate sheet.)

Research Compliance:

All research involving human subjects at or associated with the University of Nebraska–Lincoln must be reviewed and approved by the Institutional Review Board (IRB) before research can proceed. Human research includes everything from surveys to physical testing. Any human research that is conducted without IRB approval can place the University, its faculty, staff, students and human research participants in jeopardy. Further information can be accessed from the following website: **http://www.unl.edu/research/ReComp1/IRBguide2.pdf**. Any questions or concerns about research compliance can be directed to Dr. Dan Vasgird, Research Compliance Services, 472-1837 or email dvasgird2@unl.edu.

We have read this statement and will comply by IRB guidelines. ☐

Promotional Materials:

We agree to allow UCARE to use our names and project title in publications and promotional announcements. (yes____ no_____).

Student Signature: _____

Faculty Signature: _____

Direct questions regarding UCARE to: Dr. Laura Damuth (Ldamuth1@unl.edu or 472-5024).

Return to:
Dr. Laura Damuth, Director of Undergraduate Research
201 Seaton Hall (0683)

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