

FACULTY APPLICATION FOR HAMPTON UNIVERSITY RESEARCH FUNDS

TERMS OF RESEARCH AWARD

I acknowledge that all statements presented by me in this application are true. I am prepared to fulfill the obligations set forth herein.

In addition, I agree to submit progress reports on December 01 outlining my research activities to the Faculty Research Committee. Upon completion of my research, a final narrative report and a financial report will be submitted to the Committee, and the Vice President for Research. The narrative report will include a summary of the project undertaken, as well as results.

Failure to complete the project and/or separation from the University will result in immediate relinquishment of the research grant. Specifically, I agree to relinquish the research funds if I leave during the academic year or one year following the award.

Applicant's Signature: _____

Date: _____

REQUIRED SIGNATURES OF APPROVAL

Amount Requested: \$ _____

Department Chair: _____

Date: _____

School Dean: _____

Date: _____

Vice President for Research: _____

Date: _____

OFFICIAL USE ONLY

FUNDED: YES _____ NO _____

AMOUNT AWARDED: \$ _____

START DATE: _____

END DATE: _____

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1. Applicant's Full Name _____

2. Position/Title: _____

3. Department/School: _____

4. Contact information (Email/Phone): _____

5. Date First Employed at Hampton University: _____

6. Tenure Status: Please select one of the following options:

Tenured Year of Tenure: _____

Tenure Track

Non-Tenure Track

Other Explain: _____

7. Have you requested research funds from Hampton University in the past?

Yes No

If yes, date requested: _____

Describe outcome: _____

8. Give title of the project for which funds are being requested.

9. Compliance and Ethics: Have you obtained any necessary approvals (e.g., IRB, IACUC) for this research project?

Yes No N/A

If yes, please provide details:

10. Project Timeline:

Start Date: _____ End Date: _____