

FACULTY APPLICATION FOR HAMPTON UNIVERSITY RESEARCH FUNDS

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: _____