Substance Use Priority Research Area (SUPRA)
Super Student Grant Cover Page

Section A: CONTACT INFORMATION

Undergraduate Student Name: ____________________________________________________
Year in School (e.g., freshman, sophomore, etc.): __________________________________
Department & College: __________________________________________________________
Email: ____________________________ Phone Number: ____________________________

Graduate Student Name: _________________________________________________________
Year in Program (e.g., 1st year doctoral student, ABD, etc.):____________________________
Department & College: __________________________________________________________
Email: ____________________________ Phone Number: ____________________________

Faculty Advisor Name: __________________________________________________________
Rank: _______________________________________________________________________
Department & College: __________________________________________________________
Email: ____________________________ Phone Number: ____________________________

Section B: SIGNATURES (Both students and faculty advisor must sign this form)

<table>
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<tr>
<th>Name (printed)</th>
<th>Signature</th>
<th>Date</th>
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Section C: DEPARTMENT BUSINESS MANAGER (This person will be specific to the PI’s college or academic unit)

Name: __________________________
Department &/or College: __________________________
Email: ____________________________ Phone Number: ____________________________

Section D: TITLE OF PILOT PROJECT

Pilot Project Title: ____________________________________________________________

Section E: BUDGET

Amount Requested: ____________________________
Section F: REVIEW/APPROVAL REQUIRED BY UNIVERSITY POLICY & FEDERAL LAW

➢ Does this project involve the use of human subjects?
  Yes    No
If Yes, the project MUST be reviewed and approved by the appropriate Institutional Review Board (IRB). Please provide:
  • IRB Protocol Number: ____________________
  • Date Approved: ____________________

➢ Does this project involve the use of animal subjects?
  Yes    No
If Yes, the project MUST be reviewed and approved by the Institutional Animal Care and Use Committee (IACUC). Please provide:
  • IACUC Protocol Number: ____________________
  • Date Approved: ____________________

➢ Does this project involve the use of any biologically or chemically hazardous material (e.g., recombinant DNA, pathogenic organisms, and chemical carcinogens)?
  Yes    No
If Yes, the project MUST be reviewed and approved by the Director of Human Safety and Environmental Health. Please provide:
  • IBC Approval Number: ____________________
  • Date Approved: ____________________

➢ Does this project involve the use of any radioactive materials?
  Yes    No
If Yes, the project MUST be reviewed and approved by RSC. Please provide:
  • RSC Approval Number: ____________________
  • Date Approved: ____________________