

CSUB McNair Program Research Proposal Cover Page

Check One:

- This is a McNair Research Project and Travel Grant proposal (**no travel included**). Fill out all sections except Section C.
- This is a McNair Research Project and Travel Grant proposal (**includes travel**). Fill out **all** sections **and** the Travel Supplement Form.
- This is a McNair-related Conference Travel Grant proposal – Skip Section B and fill out the Travel Supplement Form.

***Submit completed forms to Mrs. Primavera Arvizu, Director of McNair Scholars Program either via email (parvizu2@csub.edu) or in person (Administration East, Room 101). Proposals will not be processed without signatures from both the student and the faculty mentor(s). Please remember, signatures are required on this cover page, on the Budget Page and on the Travel Request form.**

***For Research Project and Travel grants you must include a Research Project Proposal (4-5 pages). This document should include: 1) Project Title; 2) Student's Name; 3) Faculty Mentor's Name; 4) Letter of Support from Faculty Mentor; 5) Purpose of the Project; 6) Methodology; 7) Survey Instrument (if applicable); 8) Relevant background material; and 9) Description of the work to be done (a research or project plan).**

Section A

Student Name: _____
CSUB ID Number: _____
Street Address: _____
City: _____ State: _____ ZIP: _____ Country: _____
Home Phone: _____ Email Address: _____
Faculty Mentor(s) for this project: _____
Faculty Mentor(s) Email _____ Telephone _____ Campus address _____
Department / Division or School of Faculty Mentor: _____

Department / Division or School of Student: _____
Student's Major: _____ Class Standing: _____
Expected college graduation date: _____

Section B

(If this is a Conference Travel Grant request only skip this section. Skip to Section C.)

Project Title: _____
Duration of this project (enter dates): _____ *(Projects may last up to two years or until graduation)*

Total Amount Requested: _____ **Total Project Budget:** _____ **Stipend requested:** _____

Section C

If this request includes travel fill this section out and fill out a CSUB McNair Travel Supplement Form and attach it to this page. This form includes the budget items for travel. It is recommended that the student prepare a separate travel grant proposal for conference travel close to the date of travel.

Travel Funds requested: _____

Section D

Student Research Competition or Conference Travel Funds previously received? **Yes** ___ **No** ___
If yes state source: _____

Section E

All university policies with respect to research must be followed whether this is strictly a project grant or involves travel for research purposes. Thus students must provide the usual risk management assurances where appropriate (animal use, radiation

safety, DNA protocols, human subjects) in accordance with university policies. No funds are released without risk management assurances where needed. **CSUB requires that research involving human subjects be approved through the IRB.** Further information on **human subjects and IRB** can be found at: <http://www.csub.edu/gradstudies/irbhsr/> or by visiting the CSUB Office of Graduate Studies and Research (DDH 100)

This research study will involve the use of (check all that apply):

Animals CSUB Study # _____ Approval Date _____
 Humans IRB Study # _____ Approval Date _____
 r-DNA IBC Study # _____ Approval Date _____
 Human Pathogens, Blood, Fluids or Tissues (Identify): _____

Section F

Conflict of Interest and Financial Disclosure - All individuals responsible for the design, conduct or reporting associated with such research, including students, must make the necessary disclosures under CSUB's conflict of interest policy. On this form the signature of student and faculty mentor below indicates compliance with CSUB's conflict of interest policy.

Section G

I (THE STUDENT) CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. IF MY APPLICATION IS APPROVED, I AGREE TO ABIDE BY THE POLICIES, RULES AND REGULATIONS OF THE CSUB MCNAIR SCHOLARS PROGRAM.

Date: _____ Applicant Signature: _____

I (THE FACULTY MENTOR) CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. IF THIS APPLICATION IS APPROVED, I AGREE TO ABIDE BY THE POLICIES, RULES AND REGULATIONS OF THE CSUB MCNAIR SCHOLARS PROGRAM AND AGREE TO MENTOR THE ABOVE STUDENT.

Date: _____ Faculty Mentor Signature: _____