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| **Part 1. Cover Sheet** | | |
| Submit via email to [ddga@umb.edu](mailto:ddga@umb.edu) | | |
| **Doctoral Student:** | **Home Phone:** | **Campus Phone:** |
| **Email Address:** | **Student’s Department:** | **Dissertation Chairperson:** |
| **Title of doctoral dissertation (200 characters maximum):** | | |
| **Doctoral dissertation abstract (50 words maximum):** | | |
| **Is this doctoral dissertation project currently being considered by any other agency for support?** **If YES, provide details:** | | |
| **In the last four years, have you received financial support (e.g., department or college funds, extramural grants) for the research activity for which you are submitting this grant application?** **If YES, briefly explain how the proposed use of funds in this request differs from the use of prior financial support (attach extra sheet if necessary):** | | |

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| **Does your research require any of the following?** | **Yes** | **No** |  |
| Human subjects |  |  | If yes (including survey respondents and secondary data analysis), then the student must complete required training and obtain Institutional Review Board (IRB) approval. IRB approval is not required prior to submission but is necessary at the release of funds for successful applicants. Email [IRB@umb.edu](mailto:IRB@umb.edu) for additional information. |
| Laboratory animals |  |  | If yes, then the student and each member of the research team that works with or has contact with laboratory animals must complete required training and obtain Institutional Animal Care and Use Committee (IACUC) approval. IACUC approval is not required prior to submission but is necessary at the release of funds for successful applicants. Email [IACUC@umb.edu](mailto:IACUC@umb.edu) for additional information. |
| Hazardous or radioactive materials |  |  | Contact the Office of Environmental Health and Safety at [EHS@umb.edu](mailto:EHS@umb.edu) for additional information. |
| Computing services |  |  | Contact ITS Research Computing at [IT-RC@umb.edu](mailto:IT-RC@umb.edu) for additional information. |

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Signature Committee Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Graduate Program Director OR Dept Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR COMMITTEE USE ONLY**

**Date of Action:**

**Action:  Recommended  Not Recommended**

**Funding:  Full  Partial**  **Amount:** $

**Award start date**: **Award end date:**

**Comments:**