



UNDERGRADUATE RESEARCH IN THE COMMUNITY GRANT

Cover Sheet Group Projects

Project Title: _____

Year: _____ Semester: _____

Student Information (Project Leader)	Project Leader Student's Name: _____	Student ID: _____
	Address: _____ _____	Email: _____
	Major: _____	Phone(s): _____
	# of credits, current semester: _____	Degree: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor
	Student's Signature _____	
	Campus: _____	

Other Project Team Members	Other students on the project team: _____ _____
Please see page 2 for more information on project team members.	

Faculty Information	Faculty Mentor: _____ Department/College: _____
<i>I certify that I have reviewed these students' proposal, that these students are capable of performing the work described, and that I will mentor these students throughout this project.</i>	
Faculty Mentor's Signature _____	

Community Partner Information	Community Partner: _____ Organization: _____
<i>I certify that I have been involved in the design of this proposal, and that I will mentor these students throughout this project.</i>	
Community Partner Signature: _____	

Other Considerations	Is this project receiving additional funding from another source? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	
Are you doing this project in conjunction with a faculty member's work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	

UNDERGRADUATE RESEARCH IN THE COMMUNITY GRANT

Cover Sheet, Group Projects, Page 2

Project Title: _____

Complete the following Student Information blocks for each project team member. Attach additional sheets if necessary. Each team member should review the **Research and Compliance checklist** on page 3 of this form.

Student Information (Project Team Member)	Student Name: _____	Student ID: _____
	Address: _____ _____	Email: _____
	Major: _____	Phone(s): _____
	# of credits, current semester: _____	Degree: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor
	Campus: _____	
	Student's Signature _____	

Student Information (Project Team Member)	Student Name: _____	Student ID: _____
	Address: _____ _____	Email: _____
	Major: _____	Phone(s): _____
	# of credits, current semester: _____	Degree: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor
	Campus: _____	
	Student's Signature _____	

Student Information (Project Team Member)	Student Name: _____	Student ID: _____
	Address: _____ _____	Email: _____
	Major: _____	Phone(s): _____
	# of credits, current semester: _____	Degree: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor
	Campus: _____	
	Student's Signature _____	



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Research Integrity and Compliance Checklist Group Project Cover Sheet, Page 3

Project Title: _____

Year: _____

Semester: _____

Research Integrity and Compliance:

Proposal constitutes original work with references cited _____ Yes No

Will your project involve any of the following?

The Use of Vertebrates (animals) _____ Yes No IACUC# _____

Research on Human Subjects _____ Yes No IRB # _____

Use of Radiation, Chemical Hazards, or Lasers _____ Yes No

Use of Biohazards (Infectious Agents, Recombinant DNA) _____ Yes No

Conflicts of Interest _____ Yes No

Intellectual Property / Technology Transfer _____ Yes No

Import or Export of Data, Goods, or Services _____ Yes No

Classified Information / Collaborative Research _____ Yes No

If yes, please explain: _____

For more information, visit the UAA
Research Integrity and Compliance
Website:
www.uaa.alaska.edu/research/ric