

Application Cover Sheet

Complete and print this form and submit original copy along with USB flash drive.

DO NOT SCAN SIGNATURES FOR PDF COPY OF COVER SHEETS.

APPLICANT

LAST NAME:		DEGREE(S):	ADDRESS:	
FIRST NAME:	MI:	GENDER:		
CITIZENSHIP:	DATE OF BIRTH:			
ACADEMIC TITLE:		TELEPHONE:	FAX:	
DATE OF APPOINTMENT (REQUIRED):		OTHER FUNDING AGENCIES APPLIED TO:		
INSTITUTION:		E-MAIL:		
DEPARTMENT(S):		SIGNATURE:		

MENTOR

LAST NAME:		DEGREE(S):	ADDRESS:	
FIRST NAME:	MI:	GENDER:		
CITIZENSHIP:	DATE OF BIRTH:			
ACADEMIC TITLE:		TELEPHONE:	FAX:	
DATE OF APPOINTMENT:		E-MAIL:		
INSTITUTION:		I HAVE READ AND APPROVED THE APPLICANT'S RESEARCH PROPOSAL: <input type="checkbox"/> Y		
DEPARTMENT(S):		I CONFIRM THE APPLICANT IS UNDER NO OBLIGATION TO ANY INDUSTRIAL TIES OR OBLIGATIONS THAT THE MENTOR MAY HAVE: <input type="checkbox"/> Y		
SIGNATURE:				

CLINICAL RESEARCH PROPOSAL

TITLE:	CLINICAL RESEARCH AREA [refer to the following 'Area of Study' list, select one option]:
	TYPE(S) OF CANCER [refer to the following 'Type of Cancer' list for option(s)]:
HUMAN SUBJECTS: <input type="checkbox"/> Y <input type="checkbox"/> N	BIOHAZARDS: <input type="checkbox"/> Y <input type="checkbox"/> N
VERTEBRATE ANIMALS: <input type="checkbox"/> Y <input type="checkbox"/> N	
I CONFIRM THAT THERE IS NO SCIENTIFIC OVERLAP BETWEEN ANY OF MY OTHER SOURCES OF RESEARCH SUPPORT AND THE PROPOSED PROJECT: <input type="checkbox"/> Y <input type="checkbox"/> N	

Application Cover Sheet 2

Complete and print this form and submit original copy along with USB flash drive.

SPONSORING DEAN OR DEPARTMENT CHAIR

NAME:		GENDER:	INSTITUTION:
TITLE:			ADDRESS:
TELEPHONE:	FAX:		
E-MAIL:			SIGNATURE:

FISCAL OFFICER

NAME:		GENDER:	INSTITUTION:
TITLE:			ADDRESS:
TELEPHONE:	FAX:		
E-MAIL:			SIGNATURE:

APPROVED BY EXECUTIVE OFFICER

NAME:		GENDER:	INSTITUTION:
TITLE:			ADDRESS:
TELEPHONE:	FAX:		
E-MAIL:			SIGNATURE:

CO-MENTOR (if applicable)

LAST NAME:		DEGREE(S):	ADDRESS:	
FIRST NAME:	MI:	GENDER:		
CITIZENSHIP:	DATE OF BIRTH:			
ACADEMIC TITLE:				
DATE OF APPOINTMENT:			TELEPHONE:	FAX:
INSTITUTION:			E-MAIL:	
DEPARTMENT(S):			SIGNATURE:	

AREA OF STUDY

Fill in the space on the cover sheet with **one** of these areas, the primary focus of your research:

- Aging
- Animal Models/Mouse Models
- Basic Genetics
- Basic Immunology
- Biochemistry
- Bioinformatics
- Biomedical Engineering
- Biophysics
- Cancer Genetics
- Carcinogenesis
- Cell Biology
- Cell Death
- Chemical Biology
- Chemoprevention
- Chemoresistance
- Chromatin Biology
- Chromosome and Telomere Biology
- Computational Biology
- Developmental Biology
- Developmental Neurobiology
- Diagnostics
- Drug Discovery
- Endocrinology
- Epidemiology/Population Science
- Epigenetics
- Evolution
- Experimental Therapeutics
- Gene Therapy
- Genomics
- Imaging
- Immunotherapy
- Infectious Disease
- Invasion and Metastasis
- Medicinal Chemistry
- Microbiology
- Nanotechnology
- Neuroscience
- Organic Chemistry
- Outcomes Research
- Pain Management/Palliative Care
- Pathology
- Pharmacogenomics and Biomarkers
- Physical Chemistry
- Prevention
- Proliferation/Cell Cycle
- Protein processing
- Proteomics
- RNA (RNA processing, miRNA and piRNA mechanisms, enzymatic RNAs etc.)
- Senescence
- Signal Transduction
- Stem Cell Biology
- Structural Biology
- Surgical Oncology
- Systems Biology
- Toxicology/Toxicogenomics
- Tumor Immunology
- Vaccine Therapy
- Vascular Biology/Angiogenesis
- Virology

TYPE(S) OF CANCER

Fill in the space on the cover sheet with any that are directly related to your research:

- AIDS-Related Cancers
- All Cancers
- Bladder
- Breast
- Colorectal
- Esophageal
- Ewing's Tumors
- Gallbladder
- Gastric
- Gynecological (including Cervical, Endometrial, Ovarian, Uterine, Vaginal, Vulvar)
- Head and Neck
- Kidney (Renal Cell)
- Leukemias
- Liver (including Hepatocellular, Cholangiocarcinoma, etc.)
- Lung
- Lymphomas
- Merkel Cell
- Mesothelioma
- Myeloma (including Monoclonal Gammopathy of Undetermined Significance)
- Nasopharyngeal
- Neuroendocrine (including Carcinoid, Adrenal Pheochromocytomas, Medullary Carcinomas of the Thyroid, Multiple Endocrine Neoplasia Syndromes, Pancreatic Endocrine Tumors, etc.)
- Neuro-oncology (including Adult Brain, Pediatric Brain, Meningiomas, CNS, etc.)
- Pancreatic
- Prostate
- Retinoblastoma
- Sarcomas
- Skin (Melanoma and Non-melanoma)
- Testicular (including other Germ Cell Tumors)
- Thyroid (including Papillary, Follicular and Anaplastic)
- Wilm's Tumor