Faculty Seed Grant Proposal Cover Sheet FY 2025

Principle Investigator Name:
Job Title:
Department:
Team Members (If Applicable):
1. Name:
Job Title:
Department:
2. Name:
Job Title:
Department:
3. Name:
Job Title:
Department:
Total Funds Requested:
Minimum Acceptable Funding Level:
Title of Proposal:
IRB Approval Status (Select N/A if this is not needed):