

**INDIANA UNIVERSITY SOUTH BEND**  
**Internal Proposal Route Sheet**  
**Office of Research Administration**  
**(574) 520-4181 | FAX (574) 520-5549 | sbres@iusb.edu**

Erika Zynda  
Office of Research Administration  
A247  
South Bend

Project Director: \_\_\_\_\_  
Name Submitting Dept. Phone # E-mail

Co-Investigator: \_\_\_\_\_  
Name Submitting Dept. Phone # E-mail

Project Title: \_\_\_\_\_

Amount of this request: \$ \_\_\_\_\_

Type of Proposal:

- Faculty Research Grant
- Curriculum Development
- Seed Grant
- Research Project Initiation Grant
- Regional Research Grant
- Other \_\_\_\_\_

Brief layman's description of project:

Special Needs:

- Human Subjects
- Animals
- Biosafety:  Pathogenic agent
- Human tissue or fluids
- Recombinant DNA

**APPROVALS:**

Project Director: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Chairperson: \_\_\_\_\_  
(If applicable)

Dean: \_\_\_\_\_