

# STUDENT RESEARCH - PROPOSAL APPLICATION FORM

## DELAWARE VALLEY UNIVERSITY

### Student Information - Please print carefully

Name \_\_\_\_\_ ID Number \_\_\_\_\_  
DVU Email \_\_\_\_\_ Personal Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Major/Minor \_\_\_\_\_  
Advisor \_\_\_\_\_ Academic Standing Year \_\_\_\_\_  
Graduation Year \_\_\_\_\_ Cumulative GPA \_\_\_\_\_  
Term (semester and year) participating \_\_\_\_\_

### Research Project Information:

Proposal Title \_\_\_\_\_

- ☐ **1 Credit** - Minimum of 45 hours of experience within semester  
☐ **2 Credits** - Minimum of 90 hours of experience within semester  
☐ **3 Credits** - Minimum of 135 hours of experience within semester

Is this project a continuation of a previous project? If yes, please state why you are continuing the project.

- ☐ Yes \_\_\_\_\_  
☐ No \_\_\_\_\_

### Please Attach Proposal Summary on additional sheet of paper outlining:

- Proposed Project
- Project Timeline
- Budget
- Funding Requests
- References

Are you seeking Experience360 Program (E360) credit? ☐ Y ☐ N

If yes, once approved, your proposal will be forwarded to the Center for Student Professional Development for ExL credit to fulfill a graduation requirement or for DelVal Experience Transcript recognition.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Student signature verifies agreement to Student Research Policies and Guidelines

### Signatures of Approval:

Faculty Mentor \_\_\_\_\_ Date \_\_\_\_\_

Mentor's Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Student's Department Chair \_\_\_\_\_ Date \_\_\_\_\_

If undeclared, please see Dr. Ben Rusiloski, Executive Director of Center for Student Professional Development in Laster Hall, 1<sup>st</sup> floor for signature.

### IACUC/IRB approval:

If the project involves the use of animals, please contact Becky Hughes for Institutional Animal Care and Use Committee (IACUC) approval. If the project involves human subjects, please contact Tanya Casas for Institutional Review Board (IRB)

Approved ☐ Not Approved ☐ IACUC/IRB Representative initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Research Committee Approval:

#### Submit to Research Coordinator - Dr. Cynthia Keler -

Electronic and hard-copy to Cynthia.Keler@delval.edu; mailbox: Mandell 113; office: Mandell 224

Approved ☐ Not Approved ☐ on behalf of Research Committee

Signature \_\_\_\_\_ Date \_\_\_\_\_