**Tulane Building Interdisciplinary Research Careers in Women’s Health Career Development Funds Request Form**

**Scholar Name:**

**Date:**

**Title of Project:**

**Project description:**

*Please describe your project and its relation to the BIRCWH. Detail your hypothesis/question that the project expects to answer*

**Estimated Project Start Date:**

**Timeline for Project Completion:**

**IRB/IACUC Approval:**

\_\_ IRB Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ IACUC Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Itemized Career Development Costs Requested** (travel, research expenses: supplies, equipment, technical personnel, tuition and fees related to career development, computer time, and other project infrastructure including relevant data sets):

|  |  |  |
| --- | --- | --- |
| Item | Justification | Cost |
|  |  |  |
| Total: | |  |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required Signatures: Administrative Approvals:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholar Date PI/PD Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Mentor Date BIRCWH Grant Administrator/ Date