UNIVERSITY RESEARCH/CREATIVE AWARD (URCA) APPLICATION

WSU PROP	#:	Date:		Amount Requ	ested:					
Name:			myWSU#:		Date Joir	ned WSU:				
Rank/Title:			Department/C	College:						
Project Title:										
_	Project Period From:		То:							
Check here if teaching in the Summer										
	opriate box(es) if this proposal i udget. Pls whose research/wor for appropriate ha	k generates radioa	active/hazardous	s waste should e	nsure that					
Human Subjects		Biolog	Biological Materials		Infectious Agents					
Animal Subjects		Clinic	Clinical Trials			Proprietary Information				

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Prior URCA, M URPA, ARCS or PCSI Grants: You must include a copy of your most recent Final Report with your application.

Fiscal Year	Amount	Type (URCA, MURPA, ARCS, PCSI)	Did this internal award lead provide the name of the exte		If so, please award amount .
If you have ro		al internal awards, please (applicationIRUP.	add them to the Supplement	al Internal Awards p	age and IVWE
Final F	Report(s) Filed:	Yes	No		
	s, performances	ative Work and resulting t , grant applications, etc.)	rom the last three URCA/MUR	PPA/ARCS/PSCI (e.g	papers, books,
Creative Wor	k:				
		***FORM WILL LOC	CK ONCE APPLICANT SIGNS**		
Applicant Sig	nature:			Date:	
	By signing this p	age, you are endorsing the	project for consideration by the	Faculty Support Com	mittee.
CHAIRPERS	SON:			DATE:	
DEAN:				DATE:	

ELECTRONIC APPLICATIONS MUST BE SUBMITTED TO PROPOSALS@WICHITA.EDU_AS ONE PDF DOCUMENT.

HARDCOPY APPLICATIONS MUST BE SUBMITTED TO THE OFFICE OF RESEARCH, - \$ 5 ' , 1 (+ \$ / / 2 5 CAMPUS BOX 7, AS ONE SINGLE-S IDED DOCUMENT.

APPLICATIONS MUST BE RECEIVED NO LATER THAN 5:00 PM ON THE DUE DATE.

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