

# MULTIDISCIPLINARY RESEARCH PROJECT AWARD (MURPA) PROJECT APPLICATION

SPRING: January 1 - June 15th

SUMMER: May 1 - August 31st

Amount Requested:

PI Name:  myWSU#  Date Joined WSU

Rank/Title:  Department/College:

Co-PI  Department/College:

Co-PI  Department/College:

Co-PI  Department/College:

Project Title:

Check appropriate box(es) if this proposal includes any of the items listed below. **The cost of animal care and costs of disposal of radioactive wastes and hazardous wates/biohazards must be included in the proposal budget.**

Humans  Animals  Radioisotopes  Biohazards

Radioisotopes or Biohazards require the approval of Director of Environmental Health & Safety: \_\_\_\_\_

**Prior URCA, ARC, MURPA or ULINK Grants: You must include a copy of your most recent Final Report with your application**

YEAR:  AMOUNT:  TYPE:

YEAR:  AMOUNT:  TYPE:

YEAR:  AMOUNT:  TYPE:

Final Report(s) Filed:  Yes  No

**Proposals to Outside Agencies (Last 3 years):**

TITLE (Abbreviated)	AGENCY	DATE	AMOUNT	STATUS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**If awarded, I agree to attend a pre-award meeting presented by the Office of Research and Technology Transfer as a condition of the award.**

Applicant Signature:  Date:

**APPLICATION MAY BE SIGNED AND RETURNED ELECTRONICALLY TO PROPOSALS@WICHITA.EDU OR SUBMIT A PAPER COPY TO RTT, CAMPUS BOX 7, BY 5:00 PM ON THE DATE DUE.**

**PRINCIPAL INVESTIGATOR ENDORSEMENTS:** (Chairs and Deans need to provide written evaluative judgement of the project as the reviewers place great emphasis on these comments). ***Use additional page(s) if necessary.***

CHAIRPERSON:  DATE:

DEAN:  DATE:

**APPLICATION MAY BE SIGNED AND RETURNED ELECTRONICALLY TO PROPOSALS@WICHITA.EDU OR  
SUBMIT A PAPER COPY TO RTT, CAMPUS BOX 7, BY 5:00 PM ON THE DATE DUE.**

**CO-PI ENDORSEMENTS:** (Chairs and Deans need to provide written evaluative judgement of the project as the reviewers place great emphasis on these comments). ***Use additional page(s) if necessary.***

CHAIRPERSON:  DATE:

DEAN:  DATE:

**APPLICATION MAY BE SIGNED AND RETURNED ELECTRONICALLY TO PROPOSALS@WICHITA.EDU OR  
SUBMIT A PAPER COPY TO RTT, CAMPUS BOX 7, BY 5:00 PM ON THE DATE DUE.**

**CO-PI ENDORSEMENTS:** (Chairs and Deans need to provide written evaluative judgement of the project as the reviewers place great emphasis on these comments). ***Use additional page(s) if necessary.***

CHAIRPERSON:

DATE:

DEAN:

DATE:

**APPLICATION MAY BE SIGNED AND RETURNED ELECTRONICALLY TO [PROPOSALS@WICHITA.EDU](mailto:PROPOSALS@WICHITA.EDU) OR  
SUBMIT A PAPER COPY TO RTT, CAMPUS BOX 7, BY 5:00 PM ON THE DATE DUE.**