



**SEARCH AWARD
Department Head Signature Form**

Applicant Information

Student Name:	
Undergraduate: <input type="checkbox"/>	Graduate: <input type="checkbox"/>
UTC ID:	Major:
UTC Email:	
Home address:	
Faculty Sponsor:	Department:

Project Information

Project Title:		
Project Start Date:	Project End Date:	Research Course (if applicable):
Compliance Requirements (if applicable): <input type="checkbox"/> Human Subjects (IRB review needed) <input type="checkbox"/> Use of animals (IACUC review needed)		

Signatures

Student Researcher:	_____
Department Head	_____

The Department Head agrees to responsibility for managing the department-level account associated with the award.