

Resources Application

Principle Investigator (P.I.) Name _____

Department _____

Check One: Faculty Graduate Student Undergraduate Student

If student, provide Faculty P.I Name _____

Project Title:

Project Description and Estimated # of Subjects:

Project Timeline (Start/End Dates, Important Timepoints):

Please complete the following tables to provide an outline of the AHPRC rooms and equipment that you are interested in using for your project. A quote for services used will be provided based on this application so please be as detailed as possible.

<u>Rooms</u>			
AHPRC Room (e.g. 125A Assessment Lab)	Time Per Session (Min)	Frequency (Days/Wk)	Duration (i.e. weeks, months, years)

