American University of Beirut
Office of Grants and Contracts
URB Proposal Transmittal & Approval Form

OGC USE ONLY

Proposal Number _____

Date Logged _____

1. Principal Investigator _____

Faculty : _____ Department : _____

Title / position : _____

Ext. : _____E-mail: _____

Percentage Effort of PI on Proposed Project: ……..…….. %

Signature:_____

4. Proposal Type:

☐ New Regular URB Grant

☐ Renewal

☐ Seed*

*If the application is for a Seed Grant, please indicate when did you join the University and in which Capacity:

Date:----------

Title (then):----------

Years in this position:----------

2. Title of Proposal:_____

_____

5. Number of URB funded research grants for the past five years:

Dates:- ----------

---

3. Co-Principal Investigator:_____

Faculty : _____ Department : _____

Signature:_____

Co-Principal Investigator _____

Faculty : _____ Department : _____

Signature:_____

6. Will the Proposed Research Include :

a. Human Subjects ☐ Yes ☐ No
If yes , please attach the IRB approval or the request for approval

b. Animal Subjects ☐ Yes ☐ No
If yes, please attach the IACUC approval or the request for approval

c. The Use of Radioactive Materials ☐ Yes ☐ No
If yes, please attach the University Radioactive Committee approval or the request for approval

d. The Use of potentially infectious agents including human blood or tissues (carcinogens, or mutagens or others) ☐ Yes ☐ No
If yes, send abstract of proposal to Biosafety Officer at AUB

SIGNATURES

Department Chairperson: The attached application is approved. It is within the total program and academic objectives of the Department. The professional time allocations described therein are realistic.

_____
Department Chair
Signature & Date

Faculty Research Committee (FRC) Chairperson: The proposal has been reviewed and approved by the Faculty/Division Research Committee.

_____
Research Committee Chairperson
Signature & Date

Dean of Faculty/School (or Designee): The proposed project is approved. It is consistent with the total program objectives of this faculty/school.

_____
Dean of Faculty
Signature & Date

Office of Grants & Contracts: The budget and administrative information contained on this Transmittal Form and the attached proposal is complete and accurate to the best of the OGC's knowledge. If an award is made as a result of this proposal, the OGC will administer it in accordance with the policies of the sponsor and the University.

_____
Director of OGC
Signature and date

Note: Please attach along with the proposal, an abstract, an updated CVs of PI (and CV of Co-PIs and a progress report if applicable).