

UT Southwestern Medical Center

Department of Surgery

Request for Internal Research Funding

Principal Investigator/Project Director Information

Name _____ Phone _____ Email _____

Division _____

Signature: _____ Date: _____

Brief Description: (Attach One Page Abstract)

Amount Requested (Attach Budget) \$ _____
Project Start Date: _____ Project End Date: _____

Approved:

Signature Division Chair Date

Signature Vice-Chair Research Administration Date