UNIVERSITY RESEARCH/CREATIVE AWARD (URCA) APPLICATION

WSU PROP	#:	Date:		Amount Reque	ested:			
Name:		r	myWSU#:		Date Join	ed WSU:		
Rank/Title:		I	Department/Co	ollege:				
Project Title:								
_	Project Period From:		То:					
Check here if teaching in the Summer								
	opriate box(es) if this proposal i udget. Pls whose research/worl for appropriate ha		ive/hazardous	waste should er	sure that f			
Human Subjects		Biologica	Biological Materials		Infecti	ous Agents		
Animal Subjects		Clinical ⁻	Clinical Trials		Propri	etary Information		

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Prior URCA, M URPA, ARCS or PCSI Grants: You must include a copy of your most recent Final Report with your application.

Fiscal Year	Amount Type (URCA, MURPA, ARCS, PCSI)		Did this internal award lead to external funding? If so, please provide the name of the external sponsor and award amount.			

If you have received additional internal awards, please add th

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