

Enrichment Award Application

REQUIRED Signature Form

This form must be completed by the deadline and submitted as a file upload within the student funding application. Please contact the Office for Undergraduate Research at undergrad-research@buffalo.edu with any questions.

Student's Signature

I understand that by signing this application, I acknowledge that I will use the funds to conduct an original project under the guidance of my mentor and that the information contained in this application is true and accurate.

Project Title: _____

Applicant Name (print): _____

Applicant Signature: _____ Date: _____

Please obtain the required signatures below. Signatures for the financial administrator and chair should come from the mentor's academic department.

Mentor's Signature

I understand that by signing this application, I am acknowledging that the above-mentioned student is conducting a project under my supervision.

I understand that my department chair has the final authority over fund transfers (signature required below). The department chair may approve or deny funds being sent to a faculty account or provide alternative account information for the funding deposit. I also agree to assist in obtaining the chair's signature.

I have read the student's application for accuracy and content-specific information as related to our field of study. If IRB approval is necessary for the project, I attest that any student working with human or animal subjects has obtained IRB project approval and has completed the CITI training requirements.

I acknowledge that the expenses listed in this student's budget directly support their proposed activities and will not be used to build out my lab or research infrastructure.

Faculty/Staff Name (print): _____

Faculty/Staff Signature: _____ Date: _____

Financial Administrator's Signature

I understand that by signing this form, I have approved the financial account information supplied for accuracy. Once the funds are transferred, I agree to disburse funds in accordance with proper account spending guidelines. Funds must be used as outlined in the approved budget.

Name of UB Department: _____

Full Name of Department's Financial Administrator (print): _____

Financial Administrator's Office Phone Number: _____

Financial Administrator's UB Email Address: _____

Department's Campus Address: _____

IFR Account Number: _____

Financial Administrator's Signature: _____ **Date:** _____

Department Chair's Signature

I understand that by signing this form I acknowledge that the above-mentioned student is conducting a project with a faculty member in the department I currently oversee. I have also noted the proposed expenditures and confirm that the funds are not being requested to build out faculty laboratories or equipment, but are instead directly supporting student projects. I understand that I will be notified of the funding decision and that a faculty/staff member in my department may receive the funds in the account listed above, should the application be approved. Funds will be used as outlined in the approved budget.

If you wish to provide a different account for the transfer of funds, please list the alternative account information below. Final funding account preference will be given to the department chair.

Alternative IFR Account Number (if applicable): _____

Full Name of Department Chair (print): _____

Department Chair's Signature: _____

Date: _____