



Course: \_\_\_\_\_ Semester: Fall Spring Summer

**Project Sponsor**

Name: \_\_\_\_\_ Technical POC: \_\_\_\_\_

Technical Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Technical Email: \_\_\_\_\_

Contract POC: \_\_\_\_\_

Contract Phone: \_\_\_\_\_

Contract Email: \_\_\_\_\_

**Detailed Description of the Project** (lack of detail will delay processing):

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**End of Disclosure Date:** \_\_\_\_\_

**Does this project involve Protected Health Information?** (Circle one) Y N



**Student Participants**

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Email:

Address:

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Professor Approval: \_\_\_\_\_