FUNDED PROJECT PROPOSAL

1) Title of Project

2) Principal Investigator(s)
   a. Name
   b. Campus/Business
   c. Department
   d. Contact Information

3) Data Collection
   a. Require ASRC MRI Operator?
      i. If not, name lab’s MRI operator(s) and date of last safety exam
   b. Estimated Scan Time Required Per Month and Total Duration
   c. Peripheral Equipment Required
   d. Special Data Acquisition, Storage, or Processing Requirements

4) IRB Information (CUNY users)
   a. Approval Number
   b. Expiration Date
   c. Approval letter (as attachment)
   d. Consent form (as attachment)