Resources Application

Principle Investigator (P.I.) Name					
Department					
Check One: Faculty □ If student, provide Facul Project Title:	Graduate Student □ ty P.I Name	Undergraduate Student □			
Project Description and	Estimated # of Subjects:				
Project Timeline (Start/l	End Dates, Important Tim	nepoints):			

Please complete the following tables to provide an outline of the AHPRC rooms and equipment that you are interested in using for your project. A quote for services used will be provided based on this application so please be as detailed as possible.

<u>Rooms</u>					
AHPRC Room (e.g. 125A Assessment Lab)	Time Per Session (Min)	Frequency (Days/Wk)	Duration (i.e. weeks, months, years)		

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AHPRC	Time Per Session	Frequency	Duration (i.e. weeks, months,
Equipment (e.g. Biodex)	(Min)	(Days/Wk)	years)
	AHPRC amenities you pette, sample refrigerato		
Please note any addit space for your project	ional questions or conc :	erns about using the /	AHPRC research