Title of Proposal: ________________________________________________________________

Names of Lead Investigators (please type/print and sign):

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<th>Name (Contact PI)</th>
<th>Department</th>
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Department Head/Chair or Center Director Approval:
By signing, I confirm that I support the faculty member’s application and any associated requirements for my department or center:

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Mini SEAD Grant (up to $6,000)

□ Fall 2023    □ Spring 2024