

Application for Research in North Campus Area

University of Alaska, Fairbanks
PO Box 757520
Fairbanks, AK 99775

Project Title _____

Project start date _____ Project end date _____

Total project duration _____

Principal Investigator _____

Work Address _____



Go-Investigators, Faculty/Advisor(s), or UAF Sponsor

Name

Phone numbers

Home address

Department/Institution

Title

UAF address

Project's funding sources

Project description (summary of project goals, objectives, and methods) _____

Signature (print name)

Printed name

Department/Institution/Address

Faculty/Advisor(s) (if applicable) names and contact

UAF sponsor's application note (if applicable)

Approved

Date

Approved/Institution/Department

Submit Non-Indigenous Submittal to _____

South Campus Area according to boundaries of the watershed and the Biological Reserve.



Topographic Map of North Campus Area

