



ME LAB FACULTY COLLABORATION REQUEST FORM

Please complete this application and send it to melab@depaul.edu.

Name: _____

College or Department: _____

Academic Rank/Title: _____

Title of the Research Project: _____

Length of the Project Collaboration: _____ weeks

Does your research involve human subject? YES _____ NO _____

If yes, provide the IRB Protocol Number: _____

List names of the students involved in this research project:

Provide a brief statement of your research interests and purposes in applying for a ME Lab collaboration project at the ME Lab.

