

Request Date	Requestor Name (First Last)
Faculty/Principal Investigator Name (First Last)	Project Title (if applicable)
Fund Number (if applicable)	Fieldwork Location(s)
Date(s) of Fieldwork	Person(s) Performing Fieldwork (First Last)
Contact Information for Person(s) Performing Fieldwork (F	Phone Number and/or Email Address)

Detailed Description of Proposed Fieldwork

Justification of Why Fieldwork is Required/Essential

Office of Research and Sponsored Programs

Detailed Description of How Health and Safety Orders Will be Followed

Faculty/Principal Investigator Signature

Steve Karp, AVP for Office of Research & Sponsored Programs Signature

Provost Signature