**x**

**Released Time for Research and Creative Works (RTR)**

**RENEWAL APPLICATION for 2022-2023 Academic Year**

1. **APPLICANT INFORMATION**

Name:

Department:

Years at Kean:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Professor |  | Associate Professor |  | Assistant Professor |  | Librarian |
|  | Professional Staff |  |  |  |  |  |  |

1. **RENEWAL STATEMENT**

Title of your funded RTR project:

Year of initial award:

Summarize your original proposed objectives. MAXIMUM ONE PAGE

Describe in detail your progress to date toward these objectives. MAXIMUM TWO PAGES

List in detail all publications/presentations/exhibits/performances, etc. as applicable that have resulted from your RTR award to date

Provide a justification for why your RTR award should be renewed an additional year

Have you submitted the required reports from the initial award to ORSP?

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |

1. **PROPOSAL INFORMATION (Renewal)**

**Proposal Title (100 characters)**

 **Field of Research:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Architecture/Design |  | Atmospheric Sciences, and Ocean Sciences |  | Business |
|  | Computer and Information Sciences |  | Engineering |  | Geosciences |
|  | Humanities |  | Life Sciences |  | Mathematics and Statistics |
|  | Physical Sciences |  | Psychology |  | Social Sciences |
|  | Other Sciences |  | Non-S&E Fields |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is the project research related?**  |  | YES |  | NO |

 (If yes, please identify the research type below)

|  |  |
| --- | --- |
|  | Basic Research |
|  | Applied Research |
|  | Experimental Development |

 **Proposal Abstract -** MAXIMUM ONE PAGE

(*Must include a concise statement of the proposal goal; importance and significance of project; and broader impacts and/or benefits to Kean University)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Days or Credits Requested: |  | Fall Semester |  | Spring Semester |

1. **PROPOSAL DESCRIPTION**

**Objectives and Outcomes -** MAXIMUM TWO PAGES

*(Clearly state the objectives, activities and expected outcomes for this project)*

**Procedures and Methods**

*(Describe in detail the procedures and methods you will use)*

**Timeline**

*(Discuss how you will complete your project within the grant period and how it fits within the larger context of your research)*

**Qualifications/Publications** - MAXIMUM of 5 most closely related to the proposed project

(*Discuss your qualifications for carrying out this project. List your publications, exhibitions, presentations, etc. which are most closely related to proposed project*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is this proposal related to another pending proposal?**  |  | YES |  | NO |

 If yes, explain:

1. **PROPOSAL BUDGET**

If direct cost is needed, fill in the budget shown below. ***Please note that the budget total cannot exceed $400***

|  |  |
| --- | --- |
| Printing/Office Supplies |  |
| Educational Supplies |  |
| Travel |  |
| Professional Services |  |
| Student Stipends |  |
| **TOTAL (cannot exceed $400)** |  |

**Budget Justification**

 (*Explain how the requested items will be used in the execution of this project)*

1. **STUDENT INFORMATION**

If a student is involved in your project, please provide the information below. The student must not be involved in more than two research projects in a semester)

* Student Name:
* Email:
* Academic Program – Major(s) and Minor(s):
* GPA:
* Class Level:

1. **HUMAN SUBJECTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does this project involve the use of human subjects?  |  | YES |  | NO |

(If yes, provide the date you submitted or plan to submit your study protocol for IRB review)

Date:

1. **ADDITIONAL INFORMATION**

 Will you provide any additional documents to be shared with, and reviewed by the Committee?
(*If yes, please note that it is the applicant’s responsibility to deliver the additional materials to ORSP one week prior to the meeting date*).

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |

1. **STATEMENT**

 *If awarded support through the Released Time for Research, I understand that an interim report is due by December 15 of the award year and a final report is due by June 15 of the following year.*

|  |  |
| --- | --- |
|  |  |

Name Date