*IACUC Use Only*

Received: Click or tap here to enter text.

Start date: Click or tap to enter a date.

Expiration date: Click or tap to enter a date.

Approval Number: Click or tap here to enter text.

***Lake Superior State University***

***Institutional Animal Care and Use Committee***

**Animal Use Proposal (AUP)**

 **for Observational Wildlife Studies**

Return the completed form and any necessary permits to the IACUC: iacuc@lssu.edu

**PLEASE SINGLE CLICK ON** **FILLABLE FIELDS TO TYPE (for yes/no, click the appropriate check box)**

1. **Principal Investigator (Faculty Member):** Click or tap here to enter text.

Department: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail:Click or tap here to enter text.

1. **Co-Investigator/Student Investigator:** Click or tap here to enter text.

Department: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail:Click or tap here to enter text.

1. **Title of project:** Click or tap here to enter text.
2. **Brief description of project:** Click or tap here to enter text.
3. **List all animals to be observed in the table below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Common name | Genus & Species | Mark the applicable column for species status | Location(s) animals will be observed |
|  |  | Concern | Threatened | Endangered | 1 | 2 | 3 |
| Click or tap here to enter text. | Click or tap here to enter text. |[ ] [ ] [ ]  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. |[ ] [ ] [ ]  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Has permission been obtained to gain general access and to conduct the study as proposed at each site?**

**Yes** [ ]   **No**[ ]

**If ‘yes’, attach all permission notices. If ‘no’, please explain:**

Click or tap here to enter text.

1. **List all personnel involved and their affiliation:**

Click or tap here to enter text.

1. **Dates the observations will take place:**  **From** Click or tap to enter a date. **to** Click or tap here to enter text.
2. **I hereby assure the IACUC the above information is complete, accurate and that no animal(s) will be harassed, handled or sampled to support the scientific objectives outlined herein.**

**Electronic Signature of Principal Investigator**:Click or tap here to enter text. **Date**: Click or tap to enter a date.

**Electronic Signature of Co-Investigator**: Click or tap here to enter text. **Date**: Click or tap to enter a date.