

# Research Application

<http://www.rewildingthemind.org/>



Date:

Name:

Address:

State/Province:

Zip/Postal Code:

Position:

Affiliation:

Business Phone:

Cell Phone:

**Rewilding the Mind Research Institute**  
2939 N Co Rd 31D  
Loveland, Colorado, 80538 USA  
Phone: 303.725.7707  
Email: rick@rewildingthemind.org  
Email: sarah@rewildingthemind.org

**Send Form to:**

Is your project funded?

Yes

No

Funding Agency

IRB/IACUC Approval #

Date of Approval

Faculty

Student

Project Title

Anticipated Start Date

Anticipated End Date

**Project Summary (250 words max.)**

**Please Attach Your IRB or IACUC Approved Research Proposal**

**BELOW THIS LINE FOR RMRI STAFF USE ONLY**

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Proposal Approved

yes

no

Staff  
Comments