



Approval

EVP

FIN

SPA

Research Service Center and Designated Fund REVIEW & APPROVAL FORM

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Title: \_\_\_\_\_

Director: \_\_\_\_\_

Department: \_\_\_\_\_ Physical location of facility: \_\_\_\_\_

Does this service require space modification? Yes No  
Does this service require Capital Equipment purchase? Yes No

SIGNATURES:

PRINCIPAL INVESTIGATOR/DIRECTOR

My signature below certifies that 1) the information submitted with the application is true, complete and accurate to the best of my knowledge; 2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and 3) I agree to accept responsibility for the scientific conduct of the facility and to provide the required annual progress reports if a the fund is approved:

Principal Investigator

Date: \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

DEPARTMENT APPROVAL

My signature below certifies that 1) the individual is eligible to be Principal Investigator/Director; 2) the scientific merit of this proposal is within the role/scope of the department; 3) the proposal has been subjected to an administrative and financial review.

Department Business Person(s)

Date: \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department Chair

Date: \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

DEAN'S OFFICE APPROVAL

My signature below certifies that the scientific merit of this proposal is within the research and educational