

College of Health Sciences Proposal Routing Form

PI Name: _____ PI Rank: _____

Title of Project

Transmittal Deadline Date

Funding Source Contact Person

Does this project obligate the College to any matching requirements? YES ___ NO ___
If YES, please describe clearly below:

Other Comments: (including any space requirements)

I have worked with the Office of Graduate Studies and Research, my department chair, my Program Director (if applicable), to ensure that this proposal has received the most complete review possible. I understand that if this proposal is funded, I will need to set up a meeting with the Office of Graduate Studies and Research and my department chair to review the budget and discuss grant management responsibilities.

Signature of Proposal Author Date Comments

Approval of Department Chair Date Comments

Approval by Dean/Assoc Dean Date Comments

NOTE: This form does not need to be transmitted to The Graduate School or other Outside Agencies.

7/28/2006