

Approval Form

School of Dentistry-Affiliated Researchers (Other than Regular, Research or Clinician-Teacher Faculty) to Serve as Principal Investigator on a Grant or Contract

Date: _____

Name and title of PI: _____

Title of grant application: _____

Funding Agency: _____

Sponsoring Department: _____

Sponsoring Faculty Member: _____
(Must have regular or research faculty primary appointment in sponsoring SoD department)

I have read the SoD policy on “Academic Titles Eligible to Serve as Principal Investigator on Grants” and agree to the terms stated therein.

Signed: _____ Date: _____
Principal Investigator

Concurrence:

Signed: _____ Date: _____
Sponsoring Faculty member

Signed: _____ Date: _____
Sponsoring Department Chair

Signed: _____ Date: _____
Associate Dean for Research and Faculty

(Submit as an attachment to the eGC1 with proposal. Needed for Dean’s Office approval of eGC1)