

SPECIAL NEEDS

If any of the following are involved in your proposal, follow directions as indicated.

Yes No

Human Subjects Research involving human subjects must be reviewed by department Institutional Review Board (IRB) representative. For further information, contact Academic Research Services, 438-8451. PLEASE NOTE: Many funding sources require notification of IRB approval within 60 days of submission for proposals to be considered for funding.

Animal Welfare If using animals in research, approval by IACUC must be obtained prior to conducting research. Contact Academic Research Services, 438-8451, for further information. PLEASE NOTE: Many funding sources require verification of IACUC approval for proposals to be considered for funding.

Intellectual Property (ownership of intellectual property by the sponsor) If “yes”, for further information, contact Director of University Licensing, 438-2713, or RSP, 438-2528.

Hazardous Chemicals/Waste Contact Health and Safety Office, 438-8325, for procedures and approval verification.

Recombinant DNA Contact Health and Safety Office, 438-8325, for procedures and approval verification.

Computer Resources/Technology Services Requirements Institutional computer resources or technology support needs must be approved prior to beginning activities. If your proposal includes computer resources/support requirements, review with your College and contact Computer User Services, 438-3433.

Space Requirements Additional space or remodeling of existing space, must be approved prior to beginning activities on campus. For additional space needs review with your College and contact the Office of the Provost at 438-7018.

INSTITUTIONAL SIGNATURES	
By signing this routing sheet, affected parties indicate an understanding of this proposal and an acknowledgment of any space, personnel, and/or cost sharing commitments. If faculty from multiple departments will be involved in this project, the project director (Principal Investigator) is responsible for consulting with all appropriate administrators to clarify the nature of staff involvement and to secure their signature on this form to verify their awareness of staff participation.	
PI/PD SUBMITTING	Co-Investigator/Co-Director
_____ Signature and Date	_____ Signature and Date
DEPARTMENT CHAIRPERSON	CHAIRPERSON FOR Co- PI/Co-DI (if different)
_____ Signature and Date	_____ Signature and Date
DEAN OF THE COLLEGE	DEAN OF COLLEGE FOR Co-PI/Co-DI(if different)
_____ Signature and Date	_____ Signature and Date