

**FINAL PROPOSAL ROUTING FORM**

Principal Investigator: \_\_\_\_\_

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

The signatures below indicate that the final grant has been approved by the offices of the appropriate authorities on campus.

\_\_\_\_\_  
Date: \_\_\_\_\_  
**Principal Investigator**

\_\_\_\_\_  
Date: \_\_\_\_\_  
**Chairman, PIs Department**

\_\_\_\_\_  
Date: \_\_\_\_\_  
**Dean, College or School**

\_\_\_\_\_  
Date: \_\_\_\_\_  
**Associate VP for Academic Affairs**

\_\_\_\_\_  
Date: \_\_\_\_\_  
**Senior Vice President for Administration**

\_\_\_\_\_  
Date: \_\_\_\_\_  
**Office of Sponsored Programs**

**NOTE: If questions 7, 8, 9,14,15,16 or 17 were answered, "yes" on the Proposal Clearance Form, please have the appropriate individual(s) sign below as an indication that the relevant parts of the proposal and/or budget were submitted for review and approved. Please also note for what they are certifying.**

\_\_\_\_\_  
Date: \_\_\_\_\_  
Chair, Human Subjects Committee (If needed.)

\_\_\_\_\_  
Date: \_\_\_\_\_  
Chair, Animal Care Committee (If needed.)

\_\_\_\_\_  
Date: \_\_\_\_\_  
Chair, Biohazard Committee (If needed)

\_\_\_\_\_  
Date: \_\_\_\_\_  
Certification by additional Chairs, Deans etc., as needed, for "yes" answers to questions 7 thru 9 and 14 thru 17.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Certification by additional Chairs, Deans etc., as needed, for "yes" answers to questions 7 thru 9 and 14 thru 17.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Certification by additional Chairs, Deans etc., as needed, for "yes" answers to questions 7 thru 9 and 14 thru 17.