

RESEARCH ADVISORY COUNCIL

PROPOSAL CLEARANCES

Principal Investigator: (Name, Degree, Title, Department)

Title of Proposal:

Are Departments other than the Department of the Principal Investigator involved? ©

© Involvement may include personnel, space, facilities, or equipment

- Yes, please list the Departments involved below
- No

| Department Name | Chairman's Signature | CLEARED Personnel | | CLEARED Space, Facilities, or Equipment | | | If no Justify |
|-----------------|----------------------|-------------------|----|---|----|----|---------------|
| | | Yes | No | Yes | No | NA | |
| | | | | | | | |
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| | | | | | | | |

All fields to be completed

Principal Investigator Signature: _____ Date: _____