

## REQUEST FOR APPROVAL TO SERVE AS PRINCIPAL INVESTIGATOR

As required by the University's policy on Eligibility for Principal Investigator Status, the following individual requests approval to serve as Principal Investigator or Co-Investigator on the sponsored project specified below:

### PROJECT INFORMATION

PI APPLICANT NAME	
PI APPLICANT TITLE	
SPONSOR	
PROPOSAL TITLE	
PERIOD OF PERFORMANCE	

### TRAINING & EXPERIENCE

Please provide examples of certifying the individual has the necessary training, experience and independence to compete for the above project and to administer the project if awarded.

### CIRCUMSTANCES

Please explain the circumstances that justify the approval of this individual to serve as Principal Investigator or Co-Investigator on this project.

### FACULTY SPONSOR

Please name the Faculty Sponsor who will accept responsibility for the awarded project should the individual leave the University.

## RECOMMENDATIONS & CERTIFICATIONS

We recommend that the above named individual be approved to serve as Principal Investigator or Co-Investigator on the project and certify that the necessary facilities and other required resources will be available to her/him through completion of this project. In the event that this project is funded and the above named individual leaves University of Connecticut Health Center (UConn Health) prior to completion, the Faculty Sponsor agrees to assume responsibility for the completion of the project.

## APPROVALS

PI Applicant	Signature	Date
Faculty Sponsor	Signature	Date
Dept. Head/Center Director	Signature	Date
Dean	Signature	Date

## ACKNOWLEDGEMENT

Authorized Representative	Signature	Date
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***Please submit the completed form along with Curriculum Vitae to Sponsored Program Services via email ([SPS@uchc.edu](mailto:SPS@uchc.edu)). Thank you.***