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| **University of Delaware**  **Request for Approval to Serve as Principal Investigator**  As required under the guidelines for Principal Investigator Eligibility, the following person requests approval to serve as Principal Investigator on the specified sponsored project. | | | | | |
| Name: |  | | FUNDING SPONSOR: |  | |
| Title: |  | | **People Soft  Proposal #** | |
| Proposal Title: |  | | | |
| **Period of Performance:** | | | | | |
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| SUPPORTING DOCUMENTATION | | | | | |
| **TRAINING & EXPERIENCE:**  Please provide examples certifying that the applicant has the necessary training, experience and independence to compete for the specified sponsored project, and to administer the project. In addition, a **curriculum vitae (CV)** must be submitted along with this form. | | | | | |
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| CIRCUMSTANCES: Explain the circumstances that justify the approval of this individual to serve as a Principal Investigator on this project. | | | | | |
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| FACULTY SPONSOR Name the Faculty Sponsor who will accept responsibility for the awarded project should the individual leave the University. | | | | | |
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| RECOMMENDATION/CERTIFICATIONS | | | | | |
| We recommend that the above named individual be approved to serve as Principal  Investigator on this project, and certify that the necessary facilities and other required resources will be available to him/her through completion of this project. In the event that this project is funded and the above named individual leaves the University of Delaware prior to its completion, the Faculty Sponsor agrees to assume responsibility for the completion of the project. | | | | | |
| Approvals | | | | | |
|  | |  |  | | |
| ***PI Designee Signature*** | | ***Date*** | **Printed Name** | | |
|  | |  |  | | |
| ***Faculty Sponsor Signature*** | | ***Date*** | **Printed Name** | | |
|  | |  |  | | |
| ***Department Chairperson Signature*** | | ***Date*** | **Printed Name** | | |
|  | |  |  | | |
| ***Dean/Director Signature*** | | ***Date*** | **Printed Name** | | |
|  | |  |  | | |
| **After Obtaining the Above signatures, email a pdf of this form and the individual’s CV to the Contract and Grants Specialist in the Research Office** | | | | | |
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| Final Approval | |  |  | | |
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| ***Vice President for Research, Scholarship and Innovation*** | | ***Date*** | **Printed Name** | | |

Questions: contact the Research Office 302-831-2136