

# REQUEST FOR PI AWARD TRANSFER/RELINQUISHMENT

|                         |       |     |
|-------------------------|-------|-----|
| Principal Investigator: | Date: | BP# |
|-------------------------|-------|-----|

Project Title:

## AWARD RELINQUISHMENT/TRANSFER INFORMATION

|  |  |
|--|--|
| (1) Date PI will leave SIUC:   | (1b) Date award will be relinquished at SIUC:            |
| (2) Does this award involve cost-sharing?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Does this award involve subcontracts?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Will any portion of this project need to be subcontracted back to SIUC by the new institution (e.g, to fund graduate students completing degrees, to cover work that will not be transferred?)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Name of the new institution where the PI intends to transfer the award:  |  |
| (6) Name and contact information for OSP contact at new institution: <i>(name, address, phone, email)</i>  |  |
| (7) Have any inventions been disclosed under the award, or does the award involve use of patented material or material made available to SIUC under a Material Transfer Agreement?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (8) Have all required progress reports been filed with the funding agency?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (9) If PI will request equipment be transferred with the project, sponsoring agency and/or federal guidelines and property control policies will need to be considered. Any required University approvals for the transfer of equipment will be separate from this document. |  |

*Comments:*

By signing below the parties approve relinquishment of the award and authorize OSPA to contact the sponsoring agency and new institution to begin the award relinquishment/transfer process.

### SIGNATURES DESIGNATING APPROVAL FOR THE AWARD RELINQUISHMENT/TRANSFER:

|                   |       |
|-------------------|-------|
| Lead PI           | Date: |
| Department Chair: | Date: |
| Dean:             | Date: |

***Please make sure all Co-PIs have been notified of this action and have them sign below to indicate acknowledgement.***

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