

**PI PRIOR APPROVAL REQUEST FORM**

**APPLICANT INFORMATION**

Last Name:

First Name:

Email:

Title:

Department:

Project Title:

Project Dates:

Funding Agency:

Proposal Deadline:

Is Cost Share required?

No

Yes

If yes, at what level?

**SIGNATURES AND APPROVALS**

**Applicant**

- By signing this request, I understand and confirm (as applicable) that approval of this exception to policy neither implies that SIU will extend or increase my current appointment period nor does it create an obligation to do so; and that this request has been submitted through my home department/unit. In addition, by signing this request, I certify that I am eligible to apply for this opportunity based on the funding agency's criteria, I will lead, conduct, and participate in SIU's sponsored programs with integrity; and that I will comply with sponsored award terms and conditions, all applicable federal laws and regulations, state statutes and codes, and SIU policies and procedures regarding research and sponsored programs.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Department Chair/Equivalent**

By signing this request, I attest that:

- This request is in the best interest of the department/unit and its academic and research programs and plans;
- In the event the applicant is no longer able or willing to participate in SIU research programs, the department/unit will identify a qualified individual as a replacement with the required University and/or agency approvals; and
- The applicant has been apprised of all applicable federal laws and regulations, state statutes and codes, and SIU policies and procedures regarding research and sponsored programs.

\_\_\_\_\_  
Chair/Equivalent Signature

\_\_\_\_\_  
Date

**Vice Chancellor for Research**

Not Approved

Approved – Indefinite End Date

Approved - End Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_