

# LSU HEALTH SCIENCES CENTER SPONSORED PROJECTS INSTITUTIONAL PRIOR APPROVAL FORM

GRANT NUMBER: \_\_\_\_\_

PEOPLESOFT NUMBER: \_\_\_\_\_

## I. APPROVALS:

\_\_\_\_\_  
Principal Investigator (please print or type here)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Principal Investigator (please sign & date here)

I certify that

- 1) Permissible-grant fund availability.
- 2) This change will not result in an Increase to the total grant cost.
- 3) The ability to complete the project As approved will not be impaired.

\_\_\_\_\_  
Business Manager (please sign & date)

I certify that this request is not contrary

To any disallowed conditions of this award or sponsor.

\_\_\_\_\_  
Dean

I certify that this request has been reviewed  
For the effective utilization of Institutional  
Resources, and other Institutional funds are  
Not available.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Sponsored Projects Date

I certify this request is not contrary to any disallowed  
conditions of this award.

\_\_\_\_\_  
Vice Chancellor for Academic Affairs Date

I certify that the program propriety-scientific project relevance  
is assured for this request.

## II. Purpose:

Rebudget:

From:	To:	Amount:

Other:

Type: \_\_\_\_\_ Amount \_\_\_\_\_

☐ Travel \_\_\_\_\_

☐ Equipment  
Attach requisition \_\_\_\_\_

☐ Pre-Award Costs \_\_\_\_\_

## III. Justification:

Please indicate reason for request below.

Continue on back.