

**PRIOR APPROVAL REQUEST FORM**

Principal Investigator \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_

Funding Agency \_\_\_\_\_ Grant No. \_\_\_\_\_

Grant Expiration Date \_\_\_\_\_ OSU Index Code \_\_\_\_\_

Title \_\_\_\_\_

I request approval for the following: (see reverse for instructions)

\_\_\_\_\_ **No-Cost Extension** to \_\_\_\_\_ (date).

\_\_\_\_\_ **Pre-Award Costs** in the amount of \$ \_\_\_\_\_.

Expected start date of the award is \_\_\_\_\_.

Pre-award costs must be guaranteed by either a department head/chair or a dean/director.

Specify who is guaranteeing the pre-award costs: \_\_\_\_\_

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A complete explanation of the above request is given below (see reverse for instructions):

\_\_\_\_\_  
Principal Investigator Date

\_\_\_\_\_  
Department Head/Chair Date

\_\_\_\_\_  
Dean/Director Date

\_\_\_\_\_  
Authorized Organizational Representative Date

