MERCER UNIVERSITY
SCHOOL OF MEDICINE

GRANT/CONTRACT INTERNAL ROUTING FORM

Please note: ***ALL*** signatures are required in this order. In addition to this form, all standard Mercer University Proposal Transmittal Forms must be attached. Once all signatures have been gathered, the MUSM Office of Research will send the signed forms to Grants and Contracts, digitally copying the PI.

Principal Investigator or Faculty Advisor (if student project)

MUSM Faculty Status (check one): ☐Full Time ☐Part Time ☐Volunteer Faculty ☐Contracted

Primary Appointment Location (check one): ☐MUSM ☐Affiliated Hospital ☐GRHIC ☐Other (specify) _____

I certify that the attached information is accurate and complete.

Printed Name	Signature	Date

Department Chair/Director

I am aware of and support the proposed research and the level of involvement with departmental faculty, staff, students, and/or facilities.

Printed Name	Signature	Date

Senior Associate Dean for Home Campus

The project is consistent with departmental objectives, and adequate space, equipment, professional and staff time, and other resources as stated in this application will be made available if the research is approved.

Printed Name	Signature	Date

MUSM Office of Research

I have reviewed the attached proposal and recommend that it be submitted to the funding agency for consideration.

Printed Name	Signature	Date

MUSM Finance Office

I have reviewed the attached proposal and recommend that it be submitted to the funding agency for consideration.

Printed Name	Signature	Date

MUSM Dean

The project is consistent with departmental objectives, and adequate space, equipment, professional and staff time, and other resources as stated in this application will be made available if the research is approved.

Printed Name	Signature	Date