

Request for Retroactive Sign-off of Proposal Submission

Project Title: _____

Project Director _____

(Name, Title, Department and School)

I understand that it is the policy of this University that proposals for external funding must be approved prior to submittal by the department Chairperson or Director, the appropriate Dean and Vice President, Vice President of Finance and Administration and the Director of Sponsored Programs and Research. I further understand that the attached sign-off sheet is being routed, in whole or in part, *after* the format submission of my proposal to a prospective funding sponsor. I am aware that any or all of the proposed signatories may recommend modification or withdrawal of the proposal. In the event that a modification or withdrawal is required, I will assist the grants office in implementing any action necessary in a fashion that will foster continuing good will with the funding sponsor so as not to prejudice and subsequent requests for funding submitted by Southern Connecticut State University.

(Project Director Signature)

The signatories below must indicate one of the following: 1. a recommendation to withdraw or modify by checking the first box and indicating the action required on the back of the attached approval form, 2. An approval of the proposal as submitted indicated by signing both this sheet and the approval form attached or 3. A conditional approval indicated by checking the comments or conditions box on this form and writing your comment in the appropriate box on the back of the approval form with your signature.

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|--------------------------|--------------------|--|-------|---------------------------|--------------------------|
| <input type="checkbox"/> | Withdraw or Modify | Department Chair Or Director | _____ | Comments or Conditions | <input type="checkbox"/> |
| <input type="checkbox"/> | Withdraw or Modify | Dean | _____ | Comments or Conditions | <input type="checkbox"/> |
| <input type="checkbox"/> | Withdraw or Modify | Sponsored Programs | _____ | Comments or Conditions | <input type="checkbox"/> |
| <input type="checkbox"/> | Withdraw or Modify | Vice-President | _____ | Comments or Conditions | <input type="checkbox"/> |
| <input type="checkbox"/> | Withdraw or Modify | Vice President Finance/Administration | _____ | Comments or Conditions | <input type="checkbox"/> |
| <input type="checkbox"/> | Withdraw or Modify | President <small>(If total value for All Budget Periods exceeds \$150,000</small> | _____ | Comments or Conditions | <input type="checkbox"/> |