

SJSU Research Foundation

One Washington Square • San Jose, CA • 95192-0139
Phone: (408) 924-1400 Fax: (408) 924-1496

Institutional Internal Approval Request

Proposed Action: _____

Research Foundation Account Number: _____

Description of and Justification for Proposed Action:

Assurances:

I certify that the proposed action is:

1. Necessary to achieve the project objectives supported by the project.
2. Consistent with the grant terms and conditions.
3. Not constituting a change in scope of the project.

Principal Investigator Signature

Date

The above request has been reviewed and approved with respect to academic aspects.

Department Chair Signature

Date

I certify that the above request is consistent with agency and SJSU Research Foundation policies.

Director of Sponsored Programs Signature

Date