decision made by the Department Chair.		
Signature	Date	
ice President for Research		
I approve this request.		
Signature	Date	
Pre-Award staff: submit signed document to the Director of Spor	nsored Programs and the Assistant Vice President for Researc	ch Compliance.

Dean or Associate Dean

Post-Award staff: submit signed approval to the Director of Grants and Contracts Administration.

decision made by the Department Chair.

I have reviewed the information provided, I am confident the project(s) will further Clemson University's goals and agree to provide oversight for the project(s) described above.

Signature

Department Chair

Date

termination of this agreement.

Signature

Principal Investigator

E-mail:

Project Title:

I agree to abide by all University policies and procedures in the conduct of the project(s) described above. I understand that failure to do so will result in the

Co-Principal Investigator *(if applicable)*

Sponsor Name: Proposal Processing # (if applicable):

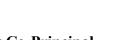
Variance Form **Request to Serve as Principal Investigator or Co-Principal** Investigator

PI/ Co-PI Printed Name: _____ Employee ID #: _____

Briefly describe the project, how it will further the goals of Clemson University, and reason for the variance. Attach additional pages if necessary.

Department:

RESEARCH



Date

Signature

I have also reviewed the information provided, I am confident the project(s) will further Clemson University's goals and agree to the

Date

Clemson Employment Status:

Project # (if applicable):