

Notice of Intent Form

SOUTHERN UNIVERSITY AND A&M COLLEGE
Office of Sponsored Programs

NOTICE OF INTENT FORM

Date: _____ Solicitation No. (attach copy of RFP): _____

Sponsor: _____

Program Name: _____

Title of Proposal: _____

Principal Investigator: _____ Department: _____

Co-P.I.: (List) _____ Department: _____

_____ Department: _____

_____ Department: _____

Does the proposal involve research with any subject or substance which requires review by a designated individual, office, or committee? If yes, check and acquire the signature of the IRB Committee Chairperson as a result of indicating review required.

☐ Yes _____
Signature (If applicable)

☐ No

Does the proposal require mandatory Cost Share/Match?

☐ Yes

☐ No

Proposal Deadline: _____

PI Signature (Date)

Extension

Chairperson/Dean Signature (Date)