

**EMORY UNIVERSITY
PRIOR APPROVAL FORM**

Return Completed Form To:

Office of Sponsored Programs (OSP)
1599 Clifton Road NE, 4th Floor
Atlanta, GA 30322
Phone: (404) 727-2503
Fax (404) 727-2509

Office of Grants & Contracts Accounting (OGCA)
1599 Clifton Road NE, 4th Floor
Atlanta, GA 30322
Phone: (404) 727-4240
Fax: (404) 727-2647

FOR OSP/OGCA USE ONLY

No-cost Extension
(Desired End Date: _____)
(To OSP)

Alterations and Renovations
(To OGCA)

Equipment Acquisitions
(To OGCA)

Rebudgeting Requests (specify)

(Revised budget must be attached)
(To OGCA)

FDP
(Federal Demonstration Partnership)

IPAS/EA
(Institutional Prior Approval/Expanded Authorities)

Principal Investigator _____ Dept/Unit _____
Agency _____
Project Title _____
Agency Award Number _____ Compass Award ID _____
Compass Project ID(s) to extend _____

JUSTIFICATION

PRINCIPAL INVESTIGATOR ENDORSEMENT & CERTIFICATION: _____
My signature above certifies that I will maintain all required compliance approvals from the Institutional Review Board, Institutional Animal Care and Use Committee, and Environmental Health and Safety Office, as appropriate, for the use of human subjects, animal subjects, radiation or biosafety agents for the entirety of the project period requested.

UNIVERSITY ENDORSEMENTS

Division Chair _____

Department Chair _____

Dean/Director _____

(Required for Emory College, School of Nursing, School of Public Health and Yerkes)

OSP/OGCA _____