

**FORM - The Chancellor's Discovery Fund for  
Multidisciplinary Research - Signatures**

Version: 1.2  
Date: 01/11/10  
Spring 2012

Investigator(s)

The investigator(s) agree to abide by all institutional requirements for administering the award.

_____ Typed Name (Principal Investigator)	_____ Signature	_____ Date
_____ Typed Name (Principal Investigator)	_____ Signature	_____ Date
_____ Typed Name (Role:                    ) _____	_____ Signature	_____ Date
_____ Typed Name (Role:                   ) _____	_____ Signature	_____ Date
_____ Typed Name (Role:                   ) _____	_____ Signature	_____ Date

*Department/Unit Head(s)*

The Department Chair/Unit Head has reviewed and approved the project and any resource commitments, and certifies that the research can be conducted safely and in compliance with federal and state laws. If the Principal Investigator is the department or unit head, the individual the PI reports to must sign.

_____ Typed Name (Department/Unit Head)	_____ Signature	_____ Date
_____ Typed Name (Department/Unit Head)	_____ Signature	_____ Date
_____ Typed Name (Department/Unit Head)	_____ Signature	_____ Date

*Schools or College Dean(s), (sign only if pledging cost share or if a PI is Department or Unit head)*

_____ Typed Name (Dean)	_____ Signature	_____ Date
_____ Typed Name (Dean)	_____ Signature	_____ Date