

# **Request for Approval to Serve as Principal Investigator**

As required under the University of Maine's policy on Principal Investigator Eligibility, the following individual requests approval to serve as Principal Investigator on the sponsor project specified below.

### **Project Information**

PI Applicant Name	
PI Applicant Title	
Agency/Sponsor	
Proposal Title	
Period of Performance	

## **Training and Experience:**

Please provide examples certifying that the applicant has the necessary training, experience and independence to compete for the specified project, and to administer the project.

# **Circumstances:**

Explain the circumstances that justify the approval of this individual to serve as a Principal Investigator on this project.

## **Faculty Sponsor:**

Name the Faculty Sponsor who will accept responsibility for the awarded project should the individual leave the University. The Faculty sponsor will be responsible for completing the statement of work and provide final technical reports as needed should the individual leave the University before the award project end date.

#### **Recommendations/Certification**

We recommend that the above named individual be approved to serve as Principal Investigator on this project and certify that the necessary facilities and other required resources will be available to him/her through completion of this project. In the event that this project is funded and the above named individual leaves the University of Maine prior to its completion, the Faculty Sponsor agrees to assume responsibility for the completion of the project and the submission of the final technical or project report due to the sponsoring agency.

#### Approvals

PI Applicant's Signature	Printed Name	Date
Faculty Sponsor Signature	Printed Name	Date
Department Chair/Center Director Signature	Printed Name	Date
Dean Signature, if applicable	Printed Name	Date
Vice President for Research and	Printed Name	Date
Dean of the Graduate School Signature		
Acknowledgement		
Authorized Organizational Representative Signature	Printed Name	Date

Please return the completed form to the Office of Research Administration ora@maine.edu.