WESTERN WASHINGTON UNIVERSITY

REQUEST FOR APPROVAL UNDER UNIVERSITY PRIOR APPROVAL SYSTEM (UPAS)

Date: _____ Grant No: _____

Principal Investigator: _____Co-PI: _____

Department or College: _____

Nature of Request:

- ❑ Pre-Award Costs – effective date requested _____
- ❑ No-Cost Extension – end date requested _____
- ❑ Other _____

Explanation/Justification: (In addition to the information requested above, please indicate how the proposed action relates specifically to the research/program supported by this grant.)

_____ _____

PI Signature **Co-PI Signature** (if applicable)

_____

Signatures and Approvals

_____ _____

Vice Provost for Research Grant Accountant

SEND COMPLETED FORM TO: Research and Sponsored Programs, MS-9038