



## **Approval Form Grant Request**

**Proposal Title:**

**Primary Contact:**

This form must be included in the submitted application.

- **Please allow ample time for review and suggestions.**
- Your proposal must be approved by:
  - Faculty: Your Chair and Dean
  - Non-Faculty: Your direct supervisor and a director-level or above individual in your department

*Chair or Direct Supervisor Name*

*Signature*

*Date*

*Dean or Director-level or above Name (non-faculty only)*

*Signature*

*Date*

**Campus Partnerships:** If your proposal requires coordination, partnership and/or approval from CSN departments they will need to sign off below indicating they approve if the project is funded.

Department

Name

Signature

Date