

Request to Transfer an Active Award/Proposal On Campus

Fund/Account Number _____

Principal Investigator(s) _____

Sponsor's Name _____

Sponsor's Grant/Contract Number _____

Title _____

Request to Re-designate Project Administration

From: _____ UDDS: _____ Activity: ____

To: _____ UDDS: _____ Activity: ____

Effective Date: _____

Requester's Signature (or Designee)

Approvals:

Units Relinquishing Responsibility

Units Accepting Responsibility

Chair: _____ Chair: _____

Dean: _____ Dean: _____