

University of North Carolina at Chapel Hill (UNC-CH)
Sponsored Projects

INSTITUTIONAL PRIOR APPROVAL SYSTEM (IPAS)

Principal Investigator _____ Date _____

Department Name & Address _____

Account Number _____ Sponsor Agency _____

Account Title _____

Nature of prior approval request (eg. equipment purchase, foreign travel, etc.) _____

Budget Revision Required: (if none, so indicate)

<u>Object Code</u>	<u>Present Budget</u>	<u>Increase (Decrease)</u>	<u>Revised Budget</u>
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Explanation/Justification. (Project relevancy and benefits should be emphasized. Use addenda sheets as required.)

Certifications and Approvals: Scientific, technical, and administrative aspects have been appropriately considered by the undersigned and determined to be consistent with the scope and objectives of the project and with sponsor requirements:

_____ Principal Investigator	_____ Date	_____ Office of Sponsored Research	_____ Date
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Notice of nonapproval: This request is not approved for the following reason(s):