

**Project Information and Approval Form**  
**ATTACH YOUR PROTOCOL**

Program: \_\_\_\_\_ Quarter/Year: \_\_\_\_\_

Name to be filed under: \_\_\_\_\_ A# \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Other members of project team: \_\_\_\_\_

Supervising Faculty: \_\_\_\_\_ SIT (will be assigned): \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

Title of Project: \_\_\_\_\_

Project Beginning Date: \_\_\_\_\_ Expected Completion: \_\_\_\_\_

Project Room Assignment (**SIT will assign**): \_\_\_\_\_

*Assigned research spaces must be checked out of during Evaluation Week of the ending quarter of your project. Failure to do so will incur a flat \$50 fine and charges of \$20/hr for any associated cleaning of the space by SIT or student staff.*

Description of project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instrumentation and/or special equipment required: \_\_\_\_\_

\_\_\_\_\_

Date of your last safety lecture and quiz: \_\_\_\_\_

**(Office Use Only)**

**Budget Approved By Faculty: \$** \_\_\_\_\_ **Budget Number:** \_\_\_\_\_

**SIT signature:** \_\_\_\_\_