

**REQUEST FOR PROJECT APPROVAL
ARKANSAS AGRICULTURAL EXPERIMENT STATION**

Project Title: _____

Performing Unit: _____

Arkansas Project No: _____ Multi-state Project No (if applicable): _____

Type of Project: Hatch MC/STN RRF AN.HLTH State

Reviewers:

Name	Date	Approval Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Project Leaders:

1. _____
2. _____
3. _____
4. _____

Required Approvals:

- Date: _____ IACUC (if applicable)
- Date: _____ IRB (if applicable)
- Date: _____ Biosafety Committee (if applicable)
- Date: _____ Department Head
- Date: _____ Associate Director

- 1 Copy of Project Outling
- 1 Copy of CSREES AD-416 (signed by PI and Unit Head)
- 1 Copy of CSREES AD-417 (initialed by Unit Head)
- 1 Copy of CSREES-2008 Assurance Statement
- 1 Copy of Approval form IACUC, IRB or Biosafety Committee (if applicable)