



College of Science, Engineering and Technology
Office of Research

Proposal Tracking Form For Proposal Number*

*Proposal Numbers are supplied by the CSET Office of Research

Principal Investigator: _____
Title of Proposal: _____
Term of Grant: _____
Funding Agency/CFDA#: _____ CFDA# _____
Proposal Due Date: _____
Total Amount Requested: _____

Budget Amt: Yr 1 Yr 2 Yr 3
Cost Sharing: Yr 1 Yr 2 Yr 3

Current total amount of Release Time: _____
Projected total amount of Release Time if funded: _____

Percent of Release Time Requested:

	Funding Agency			University		
	Acad. Yr	Sum Mos.	Cal Yr	Acad. Yr	Sum Mos.	Cal Yr
PI/PD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CoPI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Internal Review: Yes No

Names of Reviewers: _____

External Review: Yes No

Names of Reviewers: _____

Signatures:

Department Chair

Office of Research

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After the appropriate approvals, complete an Office of Sponsored Programs Internal Routing Form and submit it and the proposal to the Office of Sponsored Programs.