****

**CHANGE IN PRINCIPAL INVESTIGATOR (PI) REQUEST FORM**

**Original PI Name:** **Contact Phone/Email:**

**Grant #:** **Funding Agency:**

**Project Title:**

**Administrating Dept.:**

**Reason for Change of PI:** [Justification]

*By signing below, I agree to remove myself as the Principal Investigator of the above-referenced project \*****effective [Date Change of PI takes effect]****\*.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Original PI Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Original Administrating Department Chair Date**

*\*Required when change in PI results in change of Department*

**Recommended New/Replacement PI Name:**

**PI Telephone #:**  **PI Email:**

**Administrating Dept:**

**College:**

**Recommended New/Replacement PI qualifications:** [Qualifications]

*\*Attach new PI CV or Bio*

**NEW PI ASSURANCES**

By signing below, I certify that:

* I have reviewed the protocol, if applicable, and the agreement for this project, understand my obligations thereunder, will fulfill my obligations, and will personally conduct or supervise the described project;
* I have read the JSU Policy on PI Responsibility and agree that I am qualified to act as PI and accept responsibility as specified thereby;
* I have submitted a Conflict of Interest and completed Responsible Conduct of Research CITI training.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of New/Replacement PI Date**

**IF ORIGINAL PI IS LEAVING JSU:**

**Date PI will leave Jackson State University:**

**Is PI requesting to transfer project?:** **[ ] Yes [ ]  No**

**Has the Funding Agency been notified of the pending transfer?** **[ ] Yes** **[ ]  No**

*(See Change in PI/Key Personnel Procedures)*

**PROTOCOL INFORMATION:**

Is this project IRB approved? If so, what’s the protocol # [ ] **Yes** **[ ] No**

Is there an approved IACUC protocol for this project? [ ] **Yes** **[ ] No**

Is there an approved IBC protocol or Biohazardous Materials/Recombinant DNA involved? [ ] **Yes** **[ ] No**

**INTELLECTUAL PROPERTY/MATERIAL TRANSFER INFORMATION**

Have any inventions been disclosed under this project? [ ] **Yes** **[ ] No**

Will any of the grant inventory require transfer as scope of work product? [ ] **Yes** **[ ] No**

**SUBCONTRACT/SUBRECIPIENT INFORMATION** (if applicable)

Name of Subcontractor Site:

Name of Subcontractor Contact:       Email:

**REPORTS AND STATEMENTS** (please attach)

1. Relinquishing Statement (PHS Form 3734) (for NIH Awards)
2. Final Equipment Inventory Report (if applicable)
3. Final (or Interim) Progress Report
4. Final Invention Statement (if applicable)
5. Federal Financial Report (check with your grant accountant)
6. Time and Effort Report

**NEW ADMINISTRATING DEPARTMENT CHAIR AND DEAN APPROVAL**

*\*Required when change in PI results in change of Department*

By signing below, I agree to commit the support of the Department and College to this project and approve the change in Principal Investigator:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of New/Replacement Chair Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of New/Replacement Dean Date**

**FINAL APPROVAL**

*\*Required for any change in PI*

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of the VP for Research**