



Cornell University



**Weill Cornell  
Medicine**

## Intercampus Application Approval Form

**Lead Campus:**            Cornell Ithaca            Weill Cornell Medicine

**Core Information:**

Sponsor:  
Proposal Title:  
Lead Campus PI:  
Partner Campus PI:

**Partner Campus Proposal Details:**

Initial/Current Budget Period Start:		Proposed Project Start Date:	
Initial/Current Budget Period End:		Proposed Project End Date:	
Direct Costs (Initial/Current Year):		Total Direct Costs:	
IDC (Initial/Current Year):		Total IDC:	
Total:		Total:	

Cost Share Committed?    No    Yes    Cost Share Amount:

Human subjects or human materials use?    No    Yes, IRB Approval:    Pending    Approved

Vertebrate Animal use?    No    Yes, IACUC Approval:    Pending    Approved

Human embryonic stem cells use?    No    Yes

Institutional Biosafety Committee approval required?    No    Yes

**Partner Campus Required/Attached Documents:**

Statement of Work ( <b>Required</b> for all proposals)	Detailed Budget	Facilities
Biosketch	SF 424 Budget	Equipment
Other Support Document/Current & Pending	Budget Justification	
Other Sponsor Required Forms (list below):		

**Signature of Partner Campus (OSP/OSRA):**

Name:

Title:

Signature:

Date: