



Cornell University



Weill Cornell  
Medicine

## Intercampus Application Approval Form

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

Sponsor:

Proposal Title:

Lead Campus Principal Investigator:

Partner Campus Principal Investigator:

### Partner Campus Proposal Details:

Initial/Current Budget Period: From through

Proposed Project Dates: From through

Direct Costs (Initial/Current Year):		Total Direct Costs:	
IDC (Initial/Current Year):		Total IDC:	
Total:		Total:	

Will this project require cost sharing? Yes No

Will this project involve human subjects or human material? Yes No

IRB Approval: Pending Approved

Will this project involve animal subjects? Yes No

IACUC Approval: Pending Approved

Will this project involve human embryonic stem cells? Yes No

Will this project require approval by the Institutional Biosafety Committee? Yes No

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

Print Name:

Title:

Signature:

Date: