Institutional Approval Form
(for co-applicants/collaborators from outside Memorial)

Proposal Title:

Funding Agency and Program:

Nominated Principal Investigator:

Principal Investigator's Institution: Memorial University of Newfoundland

By signing below, the co-applicant acknowledges that they have read the above-noted application, confirms their participation as described therein and verifies they are eligible to apply to the named funding agency/ program. The Institutional Signature confirms approval for the co-applicant/ collaborator's participation in the research proposal, and for noted commitments, in-kind or cash (if applicable), to carry out the proposed research should the grant application receive funding. Both the co-applicant/collaborator and the institutional authority confirm that they are aware of the program and award guidelines governing the proposed project.

Commitments (if applicable):
In-kind contributions (please specify):

Cash contributions (please specify):

Name (co-applicant/collaborator)	Date & Signature	Institution Name
Authorized Institutional Representative	**Date & Signature**	

Access to Information and Protection of Privacy: The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for, and will be used to administer the grant application. If you have any questions about the collection and use of this information please contact a Research Grants Coordinator, Office of Research, Memorial University at 709-864-8251