



Michigan Tech

NON-FUNDING AGREEMENT APPROVAL

I. PROJECT INFORMATION

A. TITLE _____

B. PROJECT DIRECTOR/PI TITLE PHONE/EMAIL DEPARTMENT/CENTER/INSTITUTE(S)

PI _____

Liaison _____

C. NON-MICHIGAN TECH ENTITY (IES) INVOLVED (if more than two, check here and attach an additional sheet)

Entity 1

Entity 2

Name _____

Contact _____

Address 1 _____

Address 2 _____

City/State/Zip _____

Country _____

Phone _____

Fax _____

Email _____

D. DEADLINE _____

Acct# _____

[Attach mailing instructions]

E. AGREEMENT TYPE - Check all that apply

New Agreement Renewal of Existing Agreement	International Agreement	Graduate MS PhD Undergraduate AAS BS/BBA	Agreement Duration Start/Effective Date: _____ End/Expiration Date: _____
	Are there financial commitments? Yes NO If exchange: Reciprocal or One Way		

F. UNUSUAL REQUIREMENTS (please list)

(Financial commitments, special terms & conditions, etc.):

II. DISCLOSURES/CERTIFICATIONS

Conflict of Interest: The proposed project or relationship with the Sponsor (*check one*) **does** or **does not** present a Category III, IV, or V conflict Michigan Tech's Conflict of Interest Policy (COIP). **(You MUST check one of the above boxes)**
<http://www.mtu.edu/research/administration/integrity-compliance/conflict-interest/>

I certify that I have read, understand, and will comply with the University's Policy on Misconduct in Research, Scholarly and Creative Endeavors.

- 1) The statements on this form (excluding scientific hypotheses and scientific opinions) are true and complete, and
- 2) I certify and attest that the information submitted within the accompanying application is original, true, complete and accurate. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the agreement and to provide the required progress reports if a grant is awarded as a result of this application.

I agree to accept any administrative and fiscal obligations, and confirmation that appropriate space, facilities, and financial supports, if necessary, will be available for this agreement.

 Project Director/Principal Investigator Signature & Date

 Chair/Department Head Signature & Date

 Dean Signature & Date (if applicable)

Other Required Signatures

If Graduate **and/or** Dean of the Graduate School _____ Date _____

If Undergraduate or for any credit course **and/or** Provost _____ Date _____

If Course Credit Transfer **and/or** Registrar _____ Date _____

If International Programs & Services **and/or** Director of Int'l Programs/Services _____ Date _____

If Software & License (to purchase) **and/or** Chief Information Officer _____ Date _____

If Research Exchange VP for Research _____ Date _____

Internal Use ONLY Execution Date _____	<input type="checkbox"/> MOU/MOA <input type="checkbox"/> Master <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Non-Disclosure Agreement <input type="checkbox"/> Material Transfer Agreement <input type="checkbox"/> Software & License (to purchase) <input type="checkbox"/> Other <input type="checkbox"/> Land/Equipment Lease	<input type="checkbox"/> Student Exchange Agreement <input type="checkbox"/> Faculty Exchange Agreement <input type="checkbox"/> Research Exchange Agreement <input type="checkbox"/> Articulation <input type="checkbox"/> Internship/Clinical Experience <input type="checkbox"/> Student Transfer	Internal #: _____ Date Submitted: _____
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