



Research Development & Services
 Suite 5150 Support Services Building
 1393 Western Road
 University of Western Ontario
 London Ontario, N6A 3K7
 T: 519-661-2161 F: 519-661-3907

Sponsor Funding Transfer Form

Return original Sponsor Funding Transfer Form to Research Development and Services (RD&S), The University of Western Ontario.

Sponsor Funding Transfer From: _____ to The University of Western Ontario
 (Institution currently administering your funds)

Investigator Appointment Confirmation (To be completed by Western Academic Unit)

PI Name: _____ Appointment/Rank at Western: _____
 Academic Department: _____ Effective Appointment Date: _____

This confirms the appointment status of the named Principal Investigator. On completion of Sponsor Funding Transfer Form, I accept the resource and financial commitments entailed by the activity.

 Academic Department Chair

 Faculty Dean

Sponsor Funding Data (To be completed by Investigator)

Sponsor: _____
 Program (if applicable): _____ Sponsor Reference No: _____
 (Assigned by Sponsor)

Title: _____

APPROVALS	STATUS AT WESTERN			
Human Subjects Ethics Approval	No Human Subjects <input type="checkbox"/>	approval granted <input type="checkbox"/>	pending <input type="checkbox"/>	to be sought <input type="checkbox"/>
Animal Subjects Approval	No Animal Subjects <input type="checkbox"/>	approval granted <input type="checkbox"/>	pending <input type="checkbox"/>	to be sought <input type="checkbox"/>
BioHazardous Materials Clearance	No Biohazardous Materials <input type="checkbox"/>	approval granted <input type="checkbox"/>	pending <input type="checkbox"/>	to be sought <input type="checkbox"/>

Does this transfer involve any equipment currently involving a contractual obligation to the Sponsor? YES NO

Attach a copy of original award notice and full proposal (for Sponsor funding) or full contract agreement.

I confirm that the above information is accurate and complete. On transfer of funding I agree to adhere to the policies and regulations of both the Sponsor and The University of Western Ontario. I understand that I am responsible for all charges and expenditures to this account.

 Principal Investigator

 Date