



**MISSISSIPPI STATE UNIVERSITY™**

MS AGRICULTURAL AND FORESTRY EXPERIMENT STATION

**Special Research Initiative Routing Form**

Personnel	MSU ID#	Dept.	Org Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Title: \_\_\_\_\_

Total Funding Requested: \_\_\_\_\_

Are child accounts required?    Yes    No  
(The individual child budgets should be included in your proposal.)

CRIS Project Number: \_\_\_\_\_

The proposal submitted involves the following:

	Yes	No	Number	Expires
Human Subjects	Yes	No	<input type="text"/>	<input type="text"/>
Vertebrate Animal Use	Yes	No	<input type="text"/>	<input type="text"/>
Biohazardous materials generated or used	Yes	No	<input type="text"/>	<input type="text"/>
RCR Training Completed	Yes	No		

PI Signature/Date	Department Head/Date	Dean/Director/Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____