



THE FLORIDA STATE UNIVERSITY



Department of Oceanography • Tallahassee, Florida 32306-4320 U.S.A.

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Department of Oceanography Proposal Transmittal Form

Proposal title/agency: _____

Please check the appropriate items and sign. This form should be submitted when a proposal is given to the department chair for signature.

_____ The work described in the proposal can be done in the space currently allocated to me.
Note: Requests for additional space must be approved by the Space Committee initially and annually thereafter.

_____ I have included support (stipend, tuition) for students, if relevant.

_____ Request for academic year salary is included. If checked, explain.

_____ Request for departmental matching money is included. If checked, explain.

_____ The described work depends on the services of the machine/instrument shop and has been approved by the Shop Committee.

_____ The described work depends on the services of the current meter facility and has been approved by the CMF Committee Chair.

If applicable, please indicate the date you entered the DROP program. _____

PI Signature

PI Name (Print)

Date

Chair Signature

Date