This form, with all required signatures, must be submitted with all CBPR grant applications by the proposal deadline posted on the ASCEND website.

Name of Applicant:

School:       Department:

Study Title:

Brief description of the proposed study:

When will the study be conducted?       to

**Department Chair (print name)**

I approve this application  I do not approve this application

Chair’s Signature Date:

**School Dean (print name)**

I approve this application  I do not approve this application

Dean’s Signature Date: