

Sponsored Programs Administration
Office of Sponsored Programs | Contract and Grant Administration

MSU PRINCIPAL INVESTIGATOR SEPARATION CHECKLIST

Submit to: awards@cga.msu.edu Phone: 517-355-5040

| | • | Principal Investigator Name: |
|----|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | • | MSU Department Contact Name(s): |
| | • | Principal Investigator's last day at MSU: |
| | | |
| Δς | tive | Sponsored Program Awards: |
| | | Il any awards be transferred to a new institution? |
| Ι. | | es, please provide the additional information requested below. If no, please skip to Question 2. |
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| | • | Please provide the MSU account numbers for awards to be transferred: |
| | • | Name of the PI's new institution: |
| | | If NIH or NSF award, please provide the UEI for the new institution: |
| | • | Pre-Award contact at the new institution (name/email/phone): |
| | | |
| | • | Is the PI current with all technical reports and other deliverables to Sponsor(s)? \Box Yes \Box No |
| | • | Do any of the projects being transferred include subawards? $\ \square$ Yes $\ \square$ No |
| | • | Will there be a subaward from the new institution back to MSU? \Box Yes \Box No |
| | • | Please attach the Dean/Chair approval to transfer the award, including the date of transfer from MSU, remaining |
| | | balance to be transferred, and list any equipment that will be transferred. |
| 2. | ıf " | o awards will be transferred to a new institution, or an award will remain at MSU, please provide the |
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| | ado | ditional information requested below: |
| | Wi | ll any award(s) be relinquished (i.e. early termination of award)? Yes No |
| | • | Please provide the MSU account number(s) for award(s) to be relinquished: |
| | | |
| | | |
| | • | Please attach the request to relinquish the award(s) to this form. |
| | | |
| | Wi | Il any award(s) remain at MSU? |
| | • | Please provide the MSU account number(s) for the award(s) and identify the new MSU Lead PI: |
| | | |
| | • | Please attach the prior approval request to be submitted to the Sponsor requesting a change in PI. |
| | | The control of the co |
| Fn | ding | g/Expiring Sponsored Program Awards: |
| | | he PI is the lead PI on any Sponsored Program Awards that are ending or have ended, please provide the |
| | | ditional information requested below: |
| | | • |
| | Do | any of the awards have outstanding reports or deliverables due to the Sponsor? Yes No |
| | • | If yes, will they be submitted prior to the PI leaving MSU? |
| | • | If no, please provide the MSU account number(s), anticipated submission date, and contact information of |
| | | party responsible for submitting: |
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