



OFFICE OF RESEARCH & ECONOMIC DEVELOPMENT
REQUEST FOR APPROVAL OF CTQY FHMFPPI

Today's Date _____

PROJECT INFORMATION

Project Title: _____

Faculty/Staff/Student: _____ E-mail _____ Ph _____

Department: _____ College: _____

Crowdfunding Platform: _____

Fundraising Goal: _____

Use of LSU Facilities, Resources, Equipment, or Space YES NO

Note: Attach project budget to this form (required)

APPROVALS (Obtain signatures or attach documentation)

NAME	SIGNATURE	DATE
FACULTY/STAFF/STUDENT	_____	_____
DEPARTMENT HEAD	_____	_____
DEAN OF COLLEGE OR SCHOOL	_____	_____
ASSOC. VP FOR RESEARCH & ECONOMIC DEVELOPMENT	_____	_____