

**FLORIDA INTERNATIONAL UNIVERSITY
DIVISION OF SPONSORED RESEARCH AND TRAINING**

REQUEST FOR PROPOSAL TRACKING DATABASE VIEW-ONLY ACCESS

Instructions:

- Complete this form in its entirety and obtain all applicable signatures.
- Submit to the following person for DSRT approval:

Justo Torres, Coordinator, Research Programs
Division of Sponsored Research and Training
University Park Campus – MARC 430
Phone (305) 348-2494 Fax (305) 348-4117

Date: ____ - ____ - ____ Social Security Number: ____ - ____ - ____

Name: _____ Title: _____

Department: _____ Location: _____

Phone: ____ - ____ Fax: ____ - ____ E-Mail: _____

Requested Access Level:

<i>Check</i>	<i>Level</i>	<i>Name</i>	<i>Approval Required</i>	<i>Signature</i>
<input type="checkbox"/>	University Wide*		DSRT Approval	
<input type="checkbox"/>	College/School		Dean	
<input type="checkbox"/>	Department/Center		Chairperson/Director	

* Applicable to University-wide Administrative personnel only (i.e., Provosts, Vice Presidents, Controller, etc.)

Justification for Access Requested:

DSRT Use Only

Received: ____ - ____ - ____ Approved ____ Denied ____ Security Level: _____

Comments:

Signature: _____
Name: _____

Returned: ____ - ____ - ____
Instruction Memorandum Provided:
Yes ____ No ____