

**UNIVERSITY OF WINDSOR**

**REQUEST FOR PARTIAL RELEASE OF FUNDS**

**Principal Investigator:** Click or tap here to enter text.

**Department/Address:** Click or tap here to enter text.

**Phone/Ext:**  Click or tap here to enter text. **E-Mail:** Click or tap here to enter text.

**Funding Agency and Reference No.:** Click or tap here to enter text.

**Project Title:** Click or tap here to enter text.

The above referenced research is time sensitive and in part requires the use of animals. In order to meet the requirements of the grant/contract, I request a partial release of funds to allow the non-animal based aspects of the research to proceed. I hereby confirm that no animal based research will be initiated before the complete approval of the corresponding AUPP by the University of Windsor Animal Care Committee (ACC).

**Office of Research Services**

**ORS ERSO#:** Click or tap here to enter text. **FIS Business Number** Click or tap here to enter text.

Total amount of the award Click or tap here to enter text. **Amount of award requested** Enter text.

(Please note that for more than 30% of the annual award you are required to submit an attached letter of justification)

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Office of Research Services Signature Date

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Signature of Principal Investigator Date

**Office of the Animal Care Committee**

The date of acceptance to the University of Windsor Animal Care Committee must be no more than 9 weeks after the date the funds were released.

Anticipated ACC approval date is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Approved*

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Chair, University Animal Care Committee Date

**SUBMIT TO:** OFFICE OF ANIMAL CARE COORDINATOR, Chrysler Hall North, Room 2138