

## Proposal Routing Sheet

Name \_\_\_\_\_

Title \_\_\_\_\_

is authorized to request assistance and advice regarding funding for his/her proposal:

Title:

To be submitted to:

I have read and approved the attached proposal and certify that it represents a top priority for this department/college.

Department Head: \_\_\_\_\_

Signature

Date: \_\_\_\_\_

Dean: \_\_\_\_\_

Signature

**Please print, complete and return to the Missouri State University Foundation.**