

**GENENTECH AMD RESEARCH FELLOWSHIP SIGNATURES FORM**

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| **PRINCIPAL INVESTIGATOR** (Applicant) | |
| **Name (First, Middle, Last)**: | |
| **Principal Investigator’s Assurance:** I agree to accept responsibility for the scientific conduct of this project and to provide the required scientific and fiscal reports, if grant is awarded. | |
| **Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**The undersigned agree that the applicant has the capacity to perform this research project including infrastructure and institutional support.**

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| **DEPARTMENT HEAD** | |
| **Name (First, Middle, Last)**: | |
| **Title:**  **Department**:  **Institution:**  **Email**:       **Phone**:  **Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **ADMINISTRATIVE OFFICIAL** | |
| **Name (First, Middle, Last)**: | |
| **Title:**  **Department**:  **Institution:**  **Email**:       **Phone**:  **Administrative Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |