

**BUA VERIFICATION LETTER FOR FUNDING AGENCIES**

(please type)

Faculty Sponsor: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

UCSD Number (if known): \_\_\_\_\_ BUA Number: \_\_\_\_\_

Name of Funding Agency: \_\_\_\_\_

Indicate Application Type:

' Grant ' Fellowship (indicate name of Faculty Sponsor) ' Other (indicate): \_\_\_\_\_

Title of Project: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature of faculty member in whose lab work will be conducted

\_\_\_\_\_  
Signature of Faculty Sponsor (for fellowship)

Requested Completion Date: \_\_\_\_\_

Return Letter Via: ' Delivery\* ' Campus Mail ' Pickup ' Other \_\_\_\_\_

\*Departments requesting delivery must arrange for service directly with Messenger Service

\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mail Code: \_\_\_\_\_

**Return to: Teresa Hull, EH&S, Biosafety Division, 0091 OR by fax to 858-534-1510**