

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, 0089 OR by fax to 858-822-7763