Routing Approval Form for LA Board of Regents
Notice of Intent

(revised July 2026)

NOTE: The University MUST approve all externally sponsored programs before proposal submission

Nicholls State University
Office of Research and Sponsored Programs
167 Elkins Hall, P.O. Box 2083
Director: quenton.fontenot@nicholls.edu / (985) 449-2563
Contract & Grant Specialist: mikenzi.parrish@nicholls.edu / (985) 448-4496
Fax: (985) 493-2530
Nicholls Federal ID#: 72-6011797

ORSP #: _____

Funding Agency Deadline: _____

PRIMARY INVESTIGATOR DATA & PROJECT INFORMATION

Principal Investigator:	
Email:	
Campus Phone #:	**Cell Phone #:**
College: -Select College of the PI-	**Department:**
Proposal Title:	
BOR Program: -Select BOR Program-	**Requested Funding Amount:**

Project Summary: *(please provide a brief summary of the proposal; 3 line maximum)*

Principal Investigator Signature:	**Date:**

ADDITIONAL APPROVALS NEEDED

☐Yes ☐No	Human subjects involved in research? *If yes, contact Alaina Daigle at (986)448-4697 or at alaina.daigle@nicholls.edu for approval.*
☐Yes ☐No	Non-human vertebrate animal subjects involved? *If yes, contact Michele Robichaux at (985)448-4761 or at michele.robichaux@nicholls.edu for approval.*
☐Yes ☐No	Radiation and/or Biohazards involved? *If yes, contact Brian Clausen at (985)448-4783 or at brian.clausen@nicholls.edu for approval.*
☐Yes ☐No	Does the proposal involve alterations/relocations/renovations of facilities? *If yes, a letter or email including the source account # and amount from VP of Facilities is required. Contact Danielle Breaux at (985)449-7041 or at danielle.breaux@nicholls.edu for approval.*
☐Yes ☐No	Does the proposal use technology fee funds as a match? *If yes, a letter or e-mail including the source account # and amount from the Instructional Technology Specialist is required. Contact Randy LeBlanc at (985)448-4419 or at randy.leblanc@nicholls.edu for approval.*
☐Yes ☐No	Will this project require any faculty or staff overload (i.e. adjunct/overload teaching assignments, etc.?)

APPROVALS

DEPARTMENT/CENTER APPROVAL: The application identified above has been reviewed by the undersigned. The review included the overall budget request, commitment of time and effort by professional staff, rates of compensation and/or stipend levels, request for equipment and the justification presented, allow ability of direct cost charging, and allocation of adequate space and facilities. (If more than department head or dean's faculty are involved in this project, supplemental approval is required.)

P.I. Department Chair: _____ Date: _____

(P.I. DEANS OFFICE APPROVAL as needed: Approval is given for the proposed activity to be undertaken in this school/college by the personnel identified in the proposal, and for any cost sharing.

P.I. Dean: _____ Date: _____

Sponsored Research Office: _____ Date: _____

Provost of Academic Affairs: _____ Date: _____