

**Office of Research
Sponsored Project Administration Certification Program
July 2009 - December 2009**

Registration Form

Name: _____

Title: _____

Department: _____

PO Box Number.: _____

Phone Number.: _____

E-Mail: _____

Program Cost: \$60.00

Index/budget code: _____

I support this individual's participation in this program and understand that this represents a commitment of approximately 45 hours.

Approvals:

Chair: _____

Date

or

Dean: _____

Date

Please return registration form by one of these methods:

1. Scan and email signed form to erahelp@vcu.edu
2. Fax completed form to (804) 828-2521
3. Mail form to PO Box 980568