EXHIBIT A

UNIVERSITY OF CALIFORNIA, SAN DIEGO
REQUEST FOR APPROVAL UNDER ORGANIZATIONAL PRIOR APPROVAL SYSTEM (OPAS)
(Reference: See UCSD Policy and Procedure Manual 150-65 for instructions)

1. Principal Investigator: __________________________ Department: __________________________
2. Agency Award No.: __________________________ UCSD Account & Fund No.: ___________________
3. Budget Period Affected (dates): __________________________ to __________________________
4. Approval is requested for the following action(s):
   ___ Domestic Travel
   ___ Equipment Acquisition
   (specify each item of equipment in No. 6 below)
   ___ Subcontracting
   ___ Project Effort
   ___ Foreign Travel
   ___ No-Cost Time Extension
   ___ Other Specify in No. 6 below)
5. Please Note: Request for incurring pre-award costs should be processed on the Advance Approval to Establish Accounts and Incur Expenses form.

   Principal Investigator __________________________
   Grant No. __________________________
   Account and Fund No. __________________________

   Principal Investigator __________________________
   Grant No. __________________________
   Account and Fund No. __________________________

6. Approval will ___ will not ___ require rebudgeting. (If rebudgeting is required, indicate amounts and budget categories which will be affected and attached Budget Adjustment Journal).

   $___________________ from __________________________ to __________________________
   (Budget Category/Subcategory) (Budget Category/Sub Acct.)

   $___________________ from __________________________ to __________________________
   (Budget Category/Subcategory) (Budget Category/Sub Acct.)
8. Explaination/Justification:

10. Certifications and Approvals:

   This request is consistent with the scope and objectives of the project as approved by the sponsoring agency.

   Principal Investigator / Date

   The scientific and technical propriety of this request had been reviewed and approved. The action requested will result in the effective utilization of institutional resources.

   Department Chair or ORU Director / MSO Initials / Date

11. This request has been reviewed for consistency with sponsoring agency and University policies and approved.

   ONR Resident Representative / Date

   Contract and Grant Officer / Date

Copies to: WHITE - OCGA, GREEN - principal Investigator, Canary - Accounting Office, PINK - Management Services Officer, GOLDENROD - Purchasing (for equipment purchases and Subcontracts costs only)