**REQUEST FOR DESIGNATION AS ESSENTIAL CANR ACTIVITY**

**(not inclusive of research)**

NOTE: Please keep your answers brief. You will be contacted if additional information is needed.

1. **Title/subject of project/activity, Principal Investigator, other project personnel (including graduate students), and project time frame.**

 Click or tap here to enter text.

1. **Identify the category of essential activity from MSU directive (attached) and the specific aspects of the project that make it eligible for the exemption.**

Choose a category.

Click or tap here to enter text.

1. **What is your plan to protect the health and safety of all project participants, students, and staff at study site from COVID-19 exposure?**

Click or tap here to enter text.

1. **Where will the activity be conducted, and how much travel is required? Please be aware that a separate approval for a travel waiver will be required.**

Click or tap here to enter text.

1. **Do you have the capacity to complete the activity within your program or will it require significant assistance from other staff?**

Click or tap here to enter text.

1. **Funding source(s)**

Click or tap here to enter text.

1. **Other considerations**

Click or tap here to enter text.

1. **I certify that by signing and submitting this form, this is an accurate representation of my activity.**

**** Click to enter date

Signature

1. **Approvals**

**** Click to enter date

Department Chair or School Director

  Click to enter date

Ron Hendrick, Dean, CANR

CC: Kelly Millenbah, Senior Associate Dean, CANR