



Project Approval Form (PAF)

Project Title:

Electrochromic Glazing
System for Health
Sciences Education
Building at University of
Washington

Primary Contact:

Connor Beck:
conjbeck27@gmail.com
Brian Dow:
dowbh@uw.edu

By signing this form, I confirm that the project lead(s) has/have discussed this project with me, and that I
(*please check all that apply*)

- approve the stated project to be conducted on the University of Washington-Seattle campus
(this approval can only be given by campus units or by individuals on behalf of campus units)
(REQUIRED).
- agree to be a part of the project team.
- will provide support to the project by being a partnering organization, department or individual.
- am the administrator for my campus unit and agree to for the financial and human resources
Transactions associated with this project.
- agree to take over the operational costs of this project following completion.

Other notes (*if applicable*):

Name/Signature:

A handwritten signature in black ink, appearing to be 'C. Meek'.

Date:

October 31th, 2019

Title:

Associate Professor/Center Director

Department/Organization:

Department of Architecture/Integrated Design Lab, University of Washington

Phone:

206-465-1441

Email:

cmeek@uw.edu

Additional Notes:

Please save this completed form as "Project Contact Name_Project Name" and email it to csfcoord@uw.edu. The email originating directly from the approving body will be considered a signature. Paper copies may be sent through campus mail to Attn: CSF Coordinator, Box 351248 or dropped off to the CSF Office at Gerberding Hall, Room B-40 and must include an original signature of the approving body.