

**CLEMSON UNIVERSITY**  
Sponsored Programs Internal Processing Form

SUPPLEMENT #2

Complete **only** if funding is either wholly or partially by National Institute of Health (NIH).

**PI's Full Name:** \_\_\_\_\_

**Proposal Title:** \_\_\_\_\_

**Proposal No.** \_\_\_\_\_ **Period Covered:** (mm/dd/yyyy) From: \_\_\_\_\_ To: \_\_\_\_\_

Your signature below certifies your understanding of, and agreement to comply with, the NIH requirements set forth in **NOT-OD-08-033** in accordance with Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008), which mandates compliance with the NIH voluntary Public Access Policy (NOT-OD-05-022). See for more information.

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