



National
Aeronautics and
Space
Administration

Resident Research Associateship (RRA) Request for Approval

Format 1 (Fiscal Year 20 ____)

OFFICE CODE	PROGRAM/PROJECT/SPECIFIC TECHNICAL AREA
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REQUIREMENTS

NEW NAME OF RRA: _____

RENEWAL RENEWAL DATE: _____

DESCRIPTION OF RESEARCH PROPOSED ACTIVITIES, OR SUMMARY OF LAST YEAR'S ACCOMPLISHMENTS *(Must contain a sufficient level of detail to allow for appropriate review)*

CENTER	CENTER RRA REPRESENTATIVE	<input type="checkbox"/> APPROVE DISAPPROVE
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CENTER RESEARCH ADVISOR	CENTER RESEARCH ADVISOR SIGNATURE
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HEADQUARTERS CONCURRENCE

HQ ENTERPRISE TECHNICAL REP.	APPROVE DISAPPROVE	HQ ENTERPRISE TECHNICAL REP. SIGNATURE	DATE
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HQ RRA TASK MONITOR	HQ RRA TASK MONITOR SIGNATURE	DATE
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HQ RESOURCE MONITOR	CENTER PR	AMOUNT	DATE
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