

MICHIGAN STATE UNIVERSITY

Please fill out the information below and send to your research dean.

Your name: _____

Today's date: ___ ___ / ___ ___ / ___ ___ ___ ___

Department: _____

College: _____

Faculty rank:

Early stage investigator status:

Size of grant in total direct costs:

Type of grant (e.g. R03, R01):

Agency deadline: ___ ___ / ___ ___ / ___ ___ ___ ___

Internal deadlines (OSP, college, and department):

___ ___ / ___ ___ / ___ ___ ___ ___

I would like to participate in the following program:

5 Potential peer-reviewers on or off campus (if relevant):

1. Name: _____

Email: _____

2. Name: _____

Email: _____

3. Name: _____

Email: _____

4. Name: _____

Email: _____

5. Name: _____

Email: _____

PI's Signature: _____

Approval Signature from College: _____

Please Print Name of Approving Party: _____



Office of the
**VICE PRESIDENT
FOR RESEARCH
AND GRADUATE
STUDIES**

Hannah Administration Bldg.
426 Auditorium Rd, Rm 249
East Lansing, MI 48824

517/355-0306
Fax: 517/432-1171

vprgs.msu.edu