

# MICHIGAN STATE UNIVERSITY

Please fill out the information below and send to your department chair.

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: \_\_\_\_\_



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