

A PROPOSAL
Submitted to
RESEARCH INITIATION PROGRAM
OFFICE OF RESEARCH AND ECONOMIC DEVELOPMENT
MISSISSIPPI STATE UNIVERSITY

TITLE: _____

Principal Investigator(s):

Name: _____

Signature: _____

Telephone: _____

ID Number: _____

Dept./Unit
Affiliation: _____

Desired
Starting Date: _____ Proposed Duration: _____ Amount Requested: _____

Endorsements:

	Department Head	Dean	Research Unit Director (if appropriate)
Name:	_____	_____	_____
Signature:	_____	_____	_____
Title:	_____	_____	_____
Telephone:	_____	_____	_____
Date:	_____	_____	_____