

****Note: Before emailing this form, print to PDF and save to desktop.**

DEPARTMENT OF PHYSICS & ASTRONOMY

PROPOSAL SUBMISSION FORM

NAME (FIRST LAST): _____

PROJECT TITLE: _____

FUNDING AGENCY: _____

Please check the boxes below to indicate areas where you will need departmental support in association with the proposal you are submitting. All areas requesting support that are checked will require negotiation with the Chair prior to the Document Summary Sheet being signed on behalf of the department.

I do not require departmental support

This project does not require any Cost Sharing

I may need some departmental support in the following categories:

Post Doctoral Salary Support

Graduate Student Salary Support

Visiting Associates

Mailing, Postage & Long Distance Telephone

Maintenance Agreements

Equipment Purchases

Other (please explain below):

I have read and understand the Proposal Submission form.
Checking this box is equivalent to and will serve as a physical signature.

Date (MM/DD/YYYY)