



**MULTI-COLLEGE INTERDISCIPLINARY RESEARCH PROGRAM**

**Cover Page**

**Proposal Title**

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**Faculty Investigators**

Please enter the name, department, college, and email address for each of the faculty investigators below. Each investigator must obtain all signatures requested below. If you have more than four investigators, please attach another page with the additional investigators' information and the appropriate signatures.

	Principal Investigator	Co-Investigator
<i>Name</i>		
<i>Department</i>		
<i>College</i>		
<i>Email</i>		
<b>Please obtain the following signatures for each investigator:</b>		
<i>Investigator</i>		
<i>Chair/Director</i>		
<i>Dean</i>		

	Co-Investigator	Co-Investigator
<i>Name</i>		
<i>Department</i>		
<i>College</i>		
<i>Email</i>		
<b>Please obtain the following signatures for each investigator:</b>		
<i>Investigator</i>		
<i>Chair/Director</i>		
<i>Dean</i>		