This form may be filled out in Acrobat Reader and printed. Click on the date field to begin typing. The form may however, be printed and filled out by hand.

Proposal Development Fund
Course Reassignment Request Form

Date

Applicant: _____ _____ _____
Name College Department

_____ _____
Phone E-mail

Proposed Project Title: _____

Brief Abstract: _____

_____

_____

Estimated Total Costs: _____ Estimated University Match: _____

Sponsored Program Target _____
Agency/ Foundation

_____
Program Title

_____
Submission Deadline

Semester for Course Reassignment: _____

Submission and Approval Process:

This request is to be submitted as an attachment to an e-mail message (downloadable on a PC) by applicant through the Department Head and Dean. If approved, the Dean will forward the message to the Office of Sponsored Research and Programs (mzordell-reed@missouristate.edu). Forwarding to OSRP will be considered as a commitment to cover the expenses of the replacement faculty. Notice of approval will be forwarded within 48 hours. Reimbursement will be provided after the proposal is submitted. Notice of expenses and department/unit account number should accompany the proposal.

Print