

**MORGAN STATE UNIVERSITY
FACULTY ENHANCEMENT PROGRAM**

**2016 SUMMER GRANTS APPLICATION
COVER SHEET**

Date: _____

(Place your name only on cover sheet)

1. Name _____ 2. Department _____

3. Phone _____

Tenure Track _____

Date Tenured _____

Tenured _____

Rank _____

4. Title of Project / Research _____

5. If joint application, please provide requested information below for second applicant.*

Name _____ Department _____

Phone _____

Tenure Track _____

Date Tenured _____

Tenured _____

Rank _____

Required Signatures:

Primary Applicant Signature _____ Date _____

Secondary Applicant Signature _____ Date _____

(If joint application)

Dept. Chair Signature _____ Date _____

Dean Signature _____ Date _____

OSPR Rep. Signature** _____ Date _____

*A joint application **does not** represent funding beyond the awarded amount indicated in the Faculty Enhancement Program 2016 Summer Grants Guidelines.

**Secure only if application is for an External Major Proposal Preparation Grant.