

**MORGAN STATE UNIVERSITY
FACULTY DEVELOPMENT PROGRAM**

**2011 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 _____

If joint application, please provide requested information below.

1. Name _____ 2. Department _____

3. Phone _____

Tenure Track _____

Date Tenured _____

Tenured _____

Rank _____

Required Signatures:

Applicant Signature _____ Date _____

Dept. Chair Signature _____ Date _____

Dean Signature _____ Date _____

OSPR Rep. Signature* _____ Date _____

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