

APPENDIX B

PROPOSAL SUBMISSION FORMS

- Form 1-GF: Cover Page
- Form 2: Project Summary
- Form 5-GF: Budget
- Form 9-GF: Summary of Previous Awards
- Form 10-GF: Profile of Graduate Program and Faculty
- Form 11-GF: Five-Year Retrospective Profile of Graduate Students in Department or Unit
- Form 12-GF: Five-Year Retrospective of Undergraduate Students in Department or Unit

**COVER PAGE FOR BOARD OF REGENTS SUPPORT FUND GRADUATE FELLOWS PROPOSALS
FY 2003-04 COMPETITION FOR AWARDS TO BEGIN IN FY 2005-06**

1. INDICATE SPECIFIC PROGRAM: (check one) <input type="checkbox"/> Traditional Graduate Fellows Program.....Total Number of Students Targeted: Doctoral ___ Masters <input type="checkbox"/> Graduate Fellowships for Teachers Program....Total Number of Students Targeted:					
2. DEGREE PROGRAM HAS BEEN APPROVED BY THE BOARD OF REGENTS: (check one) <input type="checkbox"/> Yes, _____(mo/yr approved) <input type="checkbox"/> Not Applicable (proposal from independent institution)					
3. SUBMITTING DEPARTMENT/UNIT HAS RECEIVED PREVIOUS SUPPORT FUND GRADUATE FELLOWS AWARDS: <input type="checkbox"/> YES <input type="checkbox"/> NO					
4. NAME(S) OF SUBMITTING INSTITUTION(S) OF HIGHER EDUCATION: (Include Branch/Campus/Other Components)					
5. ADDRESS OF INSTITUTION OF HIGHER EDUCATION: (Include Dept/Unit, Street Address/P.O. Box Number, City, State, Zip Code)					
6. TITLE OF PROPOSED PROJECT:					
7. SUPPORT FUND MONEY REQUESTED BY YEAR: 1st: \$ 2nd: \$ 3rd: \$ 4th: \$		8. TOTAL SUPPORT FUND MONEY REQUESTED: \$		9. PROPOSED DURATION: (Circle # of Yrs.) 1 2 3 4	
10. CATEGORY IN WHICH PROPOSAL IS BEING SUBMITTED: (check one only) <input type="checkbox"/> Chemistry <input type="checkbox"/> Biological Sciences <input type="checkbox"/> Engineering A & B <input type="checkbox"/> Earth/Environmental Sciences <input type="checkbox"/> Arts <input type="checkbox"/> Physics/Astronomy <input type="checkbox"/> Computer and Information Sciences <input type="checkbox"/> Humanities <input type="checkbox"/> Social Sciences <input type="checkbox"/> Health & Medical Sciences				11. THIS PROPOSAL IS A: <input type="checkbox"/> Single Department Request <input type="checkbox"/> Multiple/Interdisciplinary Department Request LIST DEPARTMENT(S) INVOLVED IN THIS PROPOSAL: (Attach extra sheets, as needed) _____ _____ _____ _____	
By signing and submitting this proposal, the signators are certifying that: (1) the proposed project has not already been funded/is not currently being funded/has not been promised funding; (2) this project has been reviewed and approved by an Institutional Screening Committee; and (3) the institution and the proposed project are in compliance with all applicable Federal and State laws and regulations, including, but not limited to, the required certifications set forth in: (a) <u>Grants for Research and Education in Science and Engineering</u> , NSF Grant Proposals Guide (GPG), NSF 02-2, effective 1/1/02, and (b) Appendix C, 45CFR 620, Subpart F (Requirements for a Drug-Free Workplace).					
NAME/TITLE(typed):		DEPARTMENT TELEPHONE/FAX NUMBERS	HIGHEST DEGREE/YEAR	SIGNATURE	
Principal Investigator/Project Director:					
Additional PI/PD:					
Additional PI/PD:					
CAMPUS HEAD OR AUTHORIZED INSTITUTIONAL REPRESENTATIVE		DEAN		AUTHORIZED FISCAL AGENT	
NAME/TITLE: (typed)		NAME/TITLE: (typed)		NAME/TITLE: (typed)	
Signature:		Signature:		Signature:	
Date:	Telephone Number:	Date:	Telephone Number:	Date:	Telephone Number:

PROJECT SUMMARY

Name of Institution (Include Branch/Campus and School or Division)
Address (Include Department)
Principal Investigator(s)
Title of Project
Abstract (DO NOT EXCEED 250 WORDS)*

**BOARD OF REGENTS SUPPORT FUND
GRADUATE FELLOWS PROGRAM
FY 2003-04 COMPETITION FOR AWARDS TO BEGIN IN FY 2005-06**

PROPOSED BUDGET

PROJECT YEAR _____

Title of Proposed Project: _____

Project Director(s): _____

Institution(s) of Higher Education: _____

I. PROPOSED BUDGET:

<u>Line Item</u>	<u>Requested</u>	<u>Support Fund Money</u>	<u>Institutional Match*</u>
1. Stipends	\$ _____		\$ _____
2. Other Educational Support (Identify)	Strongly Discouraged		\$ _____
a.			_____
b.			_____
3. Other (Identify)	Strongly Discouraged		\$ _____
a.			_____
b.			_____
4. Total Costs	\$ _____		\$ _____

II. BUDGET JUSTIFICATION:

On a separate page, each line item under "Support Fund Money Requested" must be itemized, fully explained, and justified. A general description of institutional support must also be included, if applicable.

*Stipulate whether in-cash or in-kind. The Board strongly encourages the sharing of costs for proposed projects. Applicants and university officials should note, however, that the employing university will be required to honor the commitments made in the original proposal before Support Fund money will be awarded.

**SUMMARY OF PREVIOUS AWARDS RECEIVED UNDER THE
BOARD OF REGENTS SUPPORT FUND GRADUATE FELLOWS PROGRAMS
(TRADITIONAL AND GRADUATE FELLOWSHIPS FOR TEACHERS)**

1. Please provide the following information for all Traditional and Graduate Fellowships for Teachers awards you and/or your department have received to date. List those awards for which contracts have not yet been written as "contract pending." Attach extra pages, if necessary.

CONTRACT NUMBER	TYPE/NUMBER/DATE OF FELLOWSHIPS AUTHORIZED BY BOARD	ANNUAL STIPEND AMOUNT FOR EACH FELLOWSHIP	NUMBER OF FELLOWSHIPS FILLED BY DEPARTMENT*	STATUS OF FELLOWSHIP RECIPIENTS (INDICATE THE NUMBER OF STUDENTS GRADUATED [G], DROPPED [D], AND STILL IN PROGRAM [SIP].)

*Attach an assessment/explanation for any unfilled awards.

2. (a) Average GRE of Support Fund Fellowship Recipients:

Graduate Fellowships for Teachers ____ Master's ____ Ph.D. ____ Ed.D.

Other (specify)

- (b) What percentage of your department's Support Fund fellowships have been awarded to minority students? ____

(Form 9.GF, 7/2002)

FORM 10-GF
PROFILE OF GRADUATE PROGRAM AND FACULTY

A. Three-year Retrospective of Recruitment and Admissions Data

Academic Year	# of Applications to Graduate Program	# Accepted	# Matriculated
	Total: International: URM*:	Total: International: URM:	Total: International: URM:
	Total: International: URM:	Total: International: URM:	Total: International: URM:
	Total: International: URM:	Total: International: URM:	Total: International: URM:

* Under-represented minority. Please provide with this table a statement that defines "under-represented minority" in terms of the submitting discipline. OR USE NSF/NIH/AAAS, all of which define URM similarly.

B. Student Support: For the last academic year only, provide an overview of the types and levels of support granted to the entering class of graduate students

# of Students	External Fellowships (NIH, etc.)	Institutional/ Department Fellowships	Teaching Assistantships	Research Assistantships	Other (Specify)
Total matriculated: # receiving support:	# of students: Range of awards: \$	# of students: Range of awards: \$	# of students: Range of awards: \$	# of students: Range of awards: \$	# of students: Range of awards: \$

FORM 11-GF
FIVE-YEAR RETROSPECTIVE PROFILE OF GRADUATE STUDENTS IN DEPARTMENT OR UNIT

Academic Year	# of Graduate Students Enrolled	# Enrolled by Degree Sought	Average and Range of GRE Scores* for All Students	Average and Range of Undergraduate GPA for All Students	# of Degrees Awarded	Where Students Received Undergraduate Degrees**
	Total: Women: URM***: International:	Master's: Doctoral:			Master's: Doctoral:	OS: WS: IS: SS:
	Total: Women: URM***: International:	Master's: Doctoral:			Master's: Doctoral:	OS: WS: IS: SS:
	Total: Women: URM***: International:	Master's: Doctoral:			Master's: Doctoral:	OS: WS: IS: SS:
	Total: Women: URM***: International:	Master's: Doctoral:			Master's: Doctoral:	OS: WS: IS: SS:
	Total: Women: URM***: International:	Master's: Doctoral:			Master's: Doctoral:	OS: WS: IS: SS:

- * Do not list composite scores. Provide separate Verbal and Quantitative scores, and identify which is most influential in the admissions process.
- ** OS = out-of-state U.S. institution; WS = international (non-U.S.) school; IS = in-state institution other than submitting institution; SS = submitting school
- *** Under-represented minority; use the definition provided as part of Table I

FORM 12-GF
FIVE-YEAR RETROSPECTIVE OF UNDERGRADUATE STUDENTS IN DEPARTMENT OR UNIT

Academic Year	# of Undergraduate Majors in the Department	Average GPA for All Undergraduate Students	Number of Degrees Awarded
	Total: Women: URM***:		Total: Women: URM***:
	Total: Women: URM***:		Total: Women: URM***:
	Total: Women: URM***:		Total: Women: URM***:
	Total: Women: URM***:		Total: Women: URM***:
	Total: Women: URM***:		Total: Women: URM***: