**University of Mississippi Research Center/Institute**

**Pre-Proposal Approval**

|  |  |
| --- | --- |
| Proposed by (contact): |       |
| Title: |       |
| Email: |       |
| Phone: |       |
|  |
| Proposed Name of Center/Institute: |       |
|  |
| Purpose or Mission Statement: |       |
|  |
| Academic Home:(department/school) |       |
|  |
| Affiliation with Academic Degree(s)? |       |
|  |
| Participants (faculty names, # students, etc.) |       |
|   |
| Funding: (estimated sources, amounts) |       |
|  |
| **I acknowledge submission of this request, and have approved for further development.** |
| Dept. Chair/Director  |  |
| Dean  |  |
| Other  |  |
| VCRSP  |  |