



New Fellow or Affiliate Application

Please complete this form, attaching your curriculum vita. Use additional paper if necessary to answer questions. Questions about this form or the INST Fellow and Affiliate application process may be referred to INST at 325-8739.

Personal Information

Name _____
Last First Middle

Address _____

Home Telephone Number _____ Cellular Telephone Number _____

Academic Department Information

Title _____ Academic Department _____

Office Location _____ Office Telephone Number _____

E-mail Address _____

Research Interests

Would you like to become a Fellow or Affiliate? Fellow Affiliate

What are your research interests? _____

How can INST enhance your research goals? _____

What plans do you have for research? _____

If you would like to receive funding opportunity information from the Community of Science, please select keywords from their official list (<http://www.cos.com/reference/keywords.shtml>), and attach them to this application or e-mail them to jmccallister@inst.msstate.edu.

Signatures

Applicant's Signature _____ Date _____

Typed or Printed Name _____ Title _____

Academic Department Head's Signature _____ Date _____

Typed or Printed Name _____ Title _____

Please forward this completed form to: INST
Campus Mail Stop 9630
Fax: 662-325-3496
research@inst.msstate.edu