



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 . please call 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 Steering Committee
Campus Mail Stop 9630
Fax: 662-325-3496
business@inst.msstate.edu