**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  |  |