



National Association for Alternative Certification

Research Proposal Cover Sheet

Principal Investigator:

Name:

Title:

Organization:

Address: home work

City:

State:

Zip:

Phone:

Fax:

Email: *Required! All correspondence will be by email.*

Co-Principal Investigator (if any):

Name:

Title:

Organization:

Address: home work

City:

State:

Zip:

Phone:

Fax:

Email: *Required! All correspondence will be by email.*

(Attach the same information for all Co-Principal Investigators, but correspondence will be with the Principal Investigator only)

If this proposal is accepted, I agree to attend the 2011 NAAC Annual Conference and present the results of my research.

Approvals

I am a consultant and I have no oversight organization to "sign off" on this proposal

I am part of a university or organization and I will fax the following authorization from that body for this proposal.
(Applicants fax the next page to NAAC at 202-403-3545)

Principal Investigator's Signature: _____

Approving Authority /Center Representative:

Directions:

1. Name the PI so we can match this up with the submission.
2. Give name and contact information for Approving Authority.
3. Obtain signature of approving authority.
4. FAX to NAAC at 202-403-3545 by deadline.

For the proposal submitted by PI (*name PI here*):

Complete the following for the person signing as the Approving Authority:

Name:

Position Title:

Organization:

Address:

Phone:

FAX:

Email:

Date:

Actual Signature: _____

Applicants must fax this one page, if applicable, to 202-403-3545.

Award letters will be sent to both the Authorizing Representative and the PI.



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