

MONTANA AGRICULTURAL EXPERIMENT STATION

Project Number: MONB00XXX (for new a project leave blank and a new project number will be assigned)

Accession Number: XXXXXX (leave blank for new project, number assigned by REEport)

Project Title: (enter the title of project here)

Organizing Department:

Project Director:

Co-Project Directors: List names of associated faculty and department(s)
(associated faculty should not be on the project review team)
Faculty A (PSPP)
Faculty B (LRES)

Date of Original Initiation: October 01, XXXX (original initiation date of project)

Date of this Initiation: July, 1 2019

Tentative Approval Period: July 1, 2019 - June 30, 20XX (three years for new or revised, five years for renewals as determined by Department Head)

Location: Montana State University – Bozeman, Montana

Type of Project: Hatch or State (use the appropriate one)

APPROVAL:

Department Head

Date

Director, MAES

Date