



Request for Research Enhancement Funds Peer Consultation Electronic Form

Name of PI: \_\_\_\_\_ Department: \_\_\_\_\_

Name of Peer Consultant: \_\_\_\_\_ Department: \_\_\_\_\_

Below, describe (a) the agreed upon consultation plan, (b) the dates of all activities by the PI/Primary Author and the Peer Consultant, (c) the nature of the feedback provided, and (d) how it enhanced the proposal that was ultimately submitted. Submit to mccarthy@ohio.edu.

By signing below (Adobe digital signature only), all parties are verifying participation in the CAS Research Enhancement Program and acknowledging that they participated in the peer review process with integrity and according to the spirit of the guidelines. The Department Chair or Director should indicate a percentage that they are willing to provide as match.

Signature of Primary Investigator Date
Signature of Department Chair or Director of PI Date \$ Match
Signature of Peer Consultant Date
Signature of Associate Dean Date

ALL FIELDS REQUIRED - ELECTRONIC SUBMISSIONS ONLY - PRINTED FORMS WILL NOT BE PROCESSED