GRANT SUPPORT AND EDITING SERVICES FOR FACULTY EDITING REQUEST FORM

Section A. To be complete	ed by faculty member
Date of Request:	
Name:	
Phone Number:	
Email Address:	
Funding Source to be used	d (i.e., indirect acct, grant, or school funds):
GRANT	
Grant Title:	
Funding Agency ^a : Return Date ^b Needed:	
Email Attachments ^c :	
Email Attachments*:	Document Draft
	Document Guidelines
	Document Guidelines
Return Date Needed:	
MANUSCRIPT	
Manuscript Title:	
Journal: Email Attachments ^c :	
Email Attachments.	Document Draft
	Journal Guidelines
	odina dalasines
Return Date Needed:	
a - NIH HRSA etc: b - Min 2	weeks; c = Documents that must be included with this request form
= Will, FiltOA, etc., = Will. 2	weeks, - Documents that must be included with this request form
Section B. To be complete	ted by Associate Dean for Research
Date Received:	•
Date Emailed to Funding	
Source/Editor:	
Email Attachments:	
	Document Draft
	Document/Journal Guidelines
Notes to Author:	
Notes to Editor:	

Email form to Lisa Escher – <u>Lisa.escher@unlv.edu</u>; cc: Kirsten Speck <u>Kirsten.speck@unlv.edu</u>