

**UTSC Clusters of Scholarly Prominence Program (CSPP)**

**NOTICE OF INTEREST (NOI)**

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| **1. ADMINISTRATIVE CLUSTER LEAD’S CONTACT INFORMATION:** | |
| **First Name:** |  |
| **Last Name:** |  |
| **Title:** |  |
| **Department:** |  |
| **Telephone:** |  |
| **E-mail:** |  |
| **2. TITLE OF PROPOSAL:** | |
| **3. NAME, DEPARTMENT OF CLUSTER MEMBERS:** | |
|  | |
| **4. TOTAL BUDGET REQUEST (FOR 3 YEARS)** | |
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| **5. PROJECT SUMMARY:** Provide brief plain-language summary of the project (maximum of 250 words) | |
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### Suggested Reviewers

**Instructions:**

Recommend up to three potential reviewers for your proposal (*keeping in mind conflict of interest rules*). Please also identify opposing reviewers who should not be contacted.

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| **REVIEWER 1** | | | |
| SURNAME: | | GIVEN NAME: | |
| INSTITUTION/CAMPUS: | | FACULTY/DEPARTMENT: | |
| TELEPHONE: | | E-MAIL ADDRESS: | |
| **REVIEWER 2** | | | |
| SURNAME: | | GIVEN NAME: | |
| INSTITUTION/CAMPUS: | | FACULTY/DEPARTMENT: | |
| TELEPHONE: | | E-MAIL ADDRESS: | |
| **REVIEWER 3** | | | |
| SURNAME: | | GIVEN NAME: | |
| INSTITUTION/CAMPUS: | | FACULTY/DEPARTMENT: | |
| TELEPHONE: | | E-MAIL ADDRESS: | |
| **Exclusion of Potential Reviewers (INDIVIDUALS YOU SUGGEST SHOULD NOT BE APPROACHED)** | | | |
| SURNAME | GIVEN NAME | INSTITUTION/CAMPUS | FACULTY/DEPARTMENT |
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