****

**State Science Information Needs Program**

**Suggested Reviewers**

**ONE** copy of this **three-page** form must accompany each proposal. All information must be typed. This form must be included with the rest of the application materials in one single pdf file sent to csucoast@csumb.edu.

|  |
| --- |
| **Four Suggested CSU Reviewers (Required)** |
|  |
| **CSU Suggested Reviewer 1** |
| Name: |  |  | Phone: |  |
| Department:  |  |  | Email: |  |
| Campus: |  |  | Website: |  |
| Relevant expertise (up to 15 words): |  |
|  |
| **CSU Suggested Reviewer 2** |
| Name: |  |  | Phone: |  |
| Department:  |  |  | Email: |  |
| Campus: |  |  | Website: |  |
| Relevant expertise (up to 15 words): |  |
|  |
| **CSU Suggested Reviewer 3** |
| Name: |  |  | Phone: |  |
| Department:  |  |  | Email: |  |
| Campus: |  |  | Website: |  |
| Relevant expertise (up to 15 words): |  |
|  |
| **CSU Suggested Reviewer 4** |
| Name: |  |  | Phone: |  |
| Department:  |  |  | Email: |  |
| Campus: |  |  | Website: |  |
| Relevant expertise (up to 15 words): |  |

|  |
| --- |
| **Six Suggested Reviewers External to the CSU (Required)** |
|  |
| **External Suggested Reviewer 1** |
| Name: |  |  | Title:  |  |
| Department:  |  |  | Phone: |  |
| Institution:  |  |  | Email: |  |
| Website: |  |
| Relevant expertise (up to 15 words): |  |
|  |
| **External Suggested Reviewer 2** |
| Name: |  |  | Title:  |  |
| Department:  |  |  | Phone: |  |
| Institution:  |  |  | Email: |  |
| Website: |  |
| Relevant expertise (up to 15 words): |  |
|  |
| **External Suggested Reviewer 3** |
| Name: |  |  | Title:  |  |
| Department:  |  |  | Phone: |  |
| Institution:  |  |  | Email: |  |
| Website: |  |
| Relevant expertise (up to 15 words): |  |
|  |
| **External Suggested Reviewer 4** |
| Name: |  |  | Title:  |  |
| Department:  |  |  | Phone: |  |
| Institution:  |  |  | Email: |  |
| Website: |  |
| Relevant expertise (up to 15 words): |  |

|  |
| --- |
| **External Suggested Reviewer 5** |
| Name: |  |  | Title:  |  |
| Department:  |  |  | Phone: |  |
| Institution:  |  |  | Email: |  |
| Website: |  |
| Relevant expertise (up to 15 words): |  |
|  |
| **External Suggested Reviewer 6** |
| Name: |  |  | Title:  |  |
| Department:  |  |  | Phone: |  |
| Institution:  |  |  | Email: |  |
| Website: |  |
| Relevant expertise (up to 15 words): |  |

|  |
| --- |
| **Reviewers Not to Include (Optional)** |
| Designate persons you would prefer not review this proposal and indicate why. |
|  |
| Name: |  |
| Institution:  |  |
| Reason:  |  |
|  |
| Name: |  |
| Institution:  |  |
| Reason:  |  |
|  |
| Name: |  |
| Institution:  |  |
| Reason:  |  |

|  |
| --- |
| Cut and paste rows above to add additional reviewers not to include |