**Spring 2016 Enrollment Contract: Methods in Grant Preparation Seminar Series**

Directions: Fellows, faculty, and non-MS in CTS Program students should complete sections I and II. Please type or print clearly using blue or black ink. Section III should be completed by student’s Department Chair, Fellowship Director, or Supervisor.

Completed forms should be submitted by December 18th to:

**Memory Bacon, MBA**

**CTSI**

**Medical College of Wisconsin**

**8701 Watertown Plank Road**

**Suite H 2800**

**Milwaukee, WI 53226-0509**

 **OR**

**E-mail:** **mbacon@mcw.edu**

 (Those wishing to return this contract by e-mail should scan the document after all sections have been completed and send it to the e-mail address above).

**Course Information**

Title: Methods in Grant Preparation

Course Director: David Harder, PhD

Dates: Wednesdays, January 6, 2016 – March 23, 2016

Time: 5:00-7:00 pm

Location: Medical College of Wisconsin, M2050

Textbook: The Grant Application Writer’s Workbook/ Authors: Stephen W. Russell and David C. Morrison/ Publisher: National Institutes of Health

**Section I. General Faculty/Fellow/Staff Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MCW E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Non-MCW E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title(s) (i.e., MD, PhD, faculty position, fellow, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please list all that apply)*

Area of Research Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name (i.e., Department Chair, Fellowship Director, Research Advisor, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II: Course Completion Information /Student Agreement & Signature**

**This course is available for a Certificate ($100):** No registration in the graduate school is required. No grade will be assigned. At the end of the course, students who meet the criteria will be given a “**certificate of completion**” signed by the course director. The MCW Graduate School will not be able to supply proof of completion now or in the future. This course is adequate for individuals who may need to take the course as part of their fellowship or professional development duties, but for whom “official credit” is not required.

**Payment Choices for Course**

The course fee is $100. **(Note: Fee does not include the cost of textbook).**

**Payment by check:** Please make checks payable to Medical College of Wisconsin **and note CTSI in the check memo section**. Payments may be sent to:

**Clinical and Translational Science Institute (CTSI)**

**c/o Leslie Bojar**

**HRC Building, Suite H2800**

**8701 Watertown Plank Road**

**Milwaukee, WI 53226**

 **OR**

**Payment by credit card:** To pay by credit card, please contact Leslie Bojar at lbojar@mcw.edu.

 **OR**

**Internal MCW payment:** If the course is being paid for by a MCW department, please complete and submit a **cost transfer form**.

I have read this contract and agree to attend all Methods in Grant Preparation classes. My department chair/ fellowship director/supervisor understands the commitment associated with completing the Methods in Grant Preparation Course. I understand that I will not be receiving academic credit for the Methods in Grant Preparation Course.

Student Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III: Department Chair/ Fellowship Director/Supervisor Agreement & Signature (To be completed by Chair/Fellowship Director/Supervisor)**

I understand and support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s (name of individual enrolling in the course) responsibilities for completing the Methods in Grant Preparation Course. I understand that he/ she must attend all classes. I understand that he/ she will not be receiving academic credit for the Methods in Grant Preparation Course.

Supervisor Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_