

FRSU Office Use only
FRSU Experiment #

**Click or tap here
to enter text.**



FIELD AND RESEARCH SERVICE UNIT

Oklahoma Agricultural Experiment Station

PROJECT REQUEST FORM

It is mandatory that a Project Request Form be submitted to the Superintendent and approved by all parties prior to time of project initiation. Complete sections relevant to your needs. Items in **Green** are required for FRSU reporting purposes.

Facility Location:	Select Station		
Beginning Date:	Click or tap to enter a date.	Ending Date:	Click here to enter text.
Project Leader:	Click here to enter text.		
Project Leader Department:	Click or tap here to enter text.		
Office Phone:		Cell Phone:	
E-mail:	Click here to enter text.		
Project Title:	Click here to enter text.		
Project Objective:	Click or tap here to enter text.		
Co-Project Leaders:	Click or tap here to enter text.		
	Click or tap here to enter text.		
	Click or tap here to enter text.		
	Click or tap here to enter text.		
Primary Mission:	Choose an item.		
Source of Funding:	Choose an item.	Complete if "Other" was chosen:	Click or tap here to enter text.
Grant Title:	Click or tap here to enter text.		
Grant F&A Rate:	Choose an item.		
IACUC #	Click or tap here to enter text.	Expiration date:	Click or tap to enter a date.

Resources Requested:

Turf Species Needed:	Click here to enter text.		
Maintain Bare Soil Borders:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Green House sq. Ft	Click here to enter text.		
Temperature Range:	Click here to enter text.		
Total Land Area Dimensions:	Click here to enter text.		
Width:	Click here to enter text.	Length:	Click here to enter text.
# Treatment:	Click here to enter text.	# Reps:	Click here to enter text.
Plot Length:	Click here to enter text.	Plot Width:	Click here to enter text.

Alley Width:		Rows/ Trt:	Click here to enter text.
Previous Crop/Trt Consideration	Click here to enter text.		
Is This a Regulated Crop?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Responsibility Assignments:

	Supplied By		Applied By			Supplied By		Applied By	
	Stat*	Proj	Stat	Proj		Stat*	Proj.	Stat.	Proj
Weed Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insect Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fertilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disease Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plot Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil Prep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harvest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Resources to be supplied by the Station should be discussed with the Superintendent. Inputs not able to be fully recovered through sale of research crops will need to be supported/supplied by the project.

Special Instructions (Planting, harvesting, Etc.)	
Click here to enter text.	
Additional materials attached?	Choose an item.

Completed forms will be sent via Adobe Sign for signatures.

Signatures:	Title:	Date:
	Primary Investigator	
	Station Superintendent	
	FRSU Director	

FRSU USE ONLY:
Superintendent: Describe Resources Allocated