St. Croix Watershed Research Station
Research Application

Applicants should be familiar with the guidelines for research as explained in the SCWRS Research Policy. This form must be completed and submitted 60 days prior to the initiation of research.

1. Name and title of principal investigator ________________________________
   ___________________________________________________________________

2. Title of research ________________________________
   ___________________________________________________________________

3. Name and address of home institution and department.
   ___________________________________________________________________

   Telephone and e-mail ________________________________

4. If principal investigator is a graduate student, identify major advisor.
   ___________________________________________________________________

6. Expected starting and ending dates.
   ____________________ to ____________________

7. Source and amount of funding (NSF, NIH, home university, self-supporting, etc.)
   ___________________________________________________________________

8. SCWRS equipment required ________________________________
   ___________________________________________________________________

9. SCWRS assistance required ________________________________
   ___________________________________________________________________
10. Complete the attached form, Request for Research Space, for the current year.

11. Description of research (present details on types of data to be collected, and on where data and voucher specimens will be archived). A previously written description of research may be attached but it must include the information requested above.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

12. Describe the environmental impact on SCWRS and, if potentially hazardous or bio-hazardous materials are used, include a detailed waste and toxics control and disposal plan.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please submit this application to: Daniel Engstrom, Director
St. Croix Watershed Research Station
16910 152nd St. North
Marine on St. Croix MN 55047
(651) 433-5953    FAX: (651) 433-5924
dengstrom@smm.org