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CLUSTER LEAD (ADMINISTRATIVE LEAD)		
LAST NAME:	FIRST NAME:	
FACULTY:	DEPARTMENT:	
RANK:	E-MAIL ADDRESS:	
CLUSTER CO-LEAD (if applicable)		
LAST NAME:	FIRST NAME:	
FACULTY:	DEPARTMENT:	
RANK:	E-MAIL ADDRESS:	
PROPOSED TITLE OF CLUSTER		
KEYWORDS (minimum 3, maximum 6)		
HIGH-LEVEL RESEARCH GOALS or QUESTIONS (1-2 sentences)		

MEMBERSHIP. Clusters may have up to 10 cluster members including leads. CLUSTER MEMBERS – Full-time faculty in a tenured or tenure-track research stream **LAST NAME FIRST NAME FACULTY, DEPARTMENT INSTITUTION CLUSTER COLLABORATORS – Key contributors (optional) STATUS OF PARTNERSHIP: INSTITUTION** or **LAST NAME FIRST NAME** CONFIRMED (C), IN PROGRESS (IP), or **ORGANIZATION ASPIRATIONAL (A)**



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SIGNATURES - I verify that all the information contained within this form is true and complete to the best of my knowledge.			
CLUSTER LEAD			
NAME:	SIGNATURE:	DATE:	
DEAN or ADR for LEAD			
NAME:	SIGNATURE:	DATE:	
CLUSTER CO-LEAD (if applicable)			
NAME:	SIGNATURE:	DATE:	
DEAN or ADR for CO-LEAD (if applicable)			
NAME:	SIGNATURE:	DATE:	