Location of Test: ____________________________ For: ___ Spring/Summer, ___ Fall/Winter, 20____

Project Leader: _______________________________ Department: ____________________________

Status of Request: ___ Final ___ Preliminary. Funding: ___ Funded, ___ Pending, ___ Service
Related

(Please circle areas on the form that are not finalized and indicate an estimated date to be final)

Project Short Title: ___________________________________________ Project No.: ______

Short Title for this Test: __________________________________________

Objective and Expected Benefit:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Desired Initiation Date (Planting): ________ Expected Harvest Date: __________

Years of Test: ____ of ____ Plot Design: ________________________________

Field(s) requested (e.g. Fields A1,D3, ____ Director's choice) __________________________

Total Plot Area: (e.g. plots are four rows 40" wide by 50' long with 3' alley. 24 plots by 4 reps = 1.56 acre, etc.) Also indicate border needed. (e.g. four rows from the edge of the field and 20' of filler on each end) Attach diagram if needed.

________________________________________________________________________

________________________________________________________________________

List Test Treatments: (Be specific):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Land Preparation: (e.g. beds, flat etc.) Standard for the Crop? Yes____, No____ (if no, please specify):

________________________________________________________________________

________________________________________________________________________

(Over)
Fertilizer Treatment: According to soil test recommendation? Yes____, No____ (if no, please specify):

______________________________________________________________________

______________________________________________________________________

Pest Control: (Herbicides, Insecticides etc.) Standard for the Crop? Yes____, No____ (if no, please specify):

______________________________________________________________________

______________________________________________________________________

Irrigation Instructions: ________________________________________________

______________________________________________________________________

Harvest Method: _______________________________________________________  

Crop Disposal: _______________________________________________________  

Will Station Personnel Make Treatments?: Yes___, No___

Samples to be taken by Station Personnel: __________________________________

Data to be collected by Station Personnel: __________________________________

______________________________________________________________________

______________________________________________________________________

Special Instructions: __________________________________________________

______________________________________________________________________

Project Leader Signature ____________________________ Date ______________

Approved: ____________________________ Date ______________

Center/Resident Director ____________________________ Date ______________

1 Plans due: March 1 for spring or summer tests. August 1 for fall or winter tests. Please make a copy and submit the original to the Center/Resident Director