#### NAME

Department

Phone: (541) 737-XXXX; Fax: (541) 737-XXXX; email@oregonstate.edu

website (if applicable)

#### EDUCATION & TRAINING

Ph.D. year **University**, Area

M.S. year **University**, Area

B.S. year **University**, Area

#### RESEARCH & PROFESSIONAL EXPERIENCE

X/XX-present **Title,** Organization

X/XX-X/XX **Title,** Organization

X/XX-X/XX **Title,** Organization

X/XX-X/XX **Title,** Organization

X/XX-X/XX **Title,** Organization

#### SYNERGISTIC ACTIVITIES

* List useful information here such as:
* Fellowships
* Member organizations / boards
* Any other useful / pertinent information that you would like included

#### PUBLICATIONS (refereed journals, last 4 years)

1. Authors (last name first). YEAR. Title. Journal. Pages
2. Authors (last name first). YEAR. Title. Journal. Pages
3. Authors (last name first). YEAR. Title. Journal. Pages
4. Authors (last name first). YEAR. Title. Journal. Pages
5. Authors (last name first). In press. Title. Journal. Pages

#### PUBLICATIONS (related to project)

1. Authors (last name first). YEAR. Title. Journal. Pages
2. Authors (last name first). YEAR. Title. Journal. Pages