Start-Up Funding Request Form for Faculty Starting Mid-Academic Year and Tenure Clock Extensions

Current Date:					
Department:					
College:					
Position Title:					
Position Number:					
Effective Date of Appo	ointment:				
Name:					
Account No. (will inser	t when set up)	:			
	Start-	Up Commitme	nt Requests		
Source of Funds	Amount Requested FY	Amount Requested FY	Amount Requested FY	Amount Requested FY	Total
Department					
Department GTA					
College					
Office of Research					
Approved Carryover					
TOTAL					
NOTES: Provide detailed bu start-up package ex Detail of actual dep the Office of Resear Carryover of start-up for approval to the A	cceeds \$10,000. artment GTA suprch and certified lip funds is not au	port included as by the College. tomatic. Special	part of funding m Start-Up Carryove	atch shall be pro	vided annually to
Applotais.					
Department Head		ted Name		 Date	
Dean	Prin	ted Name		Date	

Printed Name

Date

Rev. 3/24/2014

Office of Research