

New Faculty Start-up Request

(Submit to Dean of Faculties Office with Department Head's, Dean's and VPR's signatures.)

Prospective Faculty Member Name: _____ Prospective Rank: _____ Prospective Start Date: _____
 Replacement: _____ OR Reinvestment: _____ an FY allocated _____ College: _____ Department: _____

Fiscal Year Breakdown

Funding given to new faculty member to create program

	Total	FY08	FY9	FY10	FY11	FY12	FY13
Equipment							
Graduate Assistant Support							
Summer Salary Support							
Other:							
Other:							
Other:							
Total Start-up							
CONTRIBUTIONS:							
Department Contribution							
College Contribution							
University Contribution							

Comments:

Signature: _____
 Department Head Date

Signature: _____
 Dean Date

Signature: _____ (Not applicable if no start up funds needed from University Level)
 Dr. Theresa Maldonado, Interim Vice President for Research Date