



FACULTY START-UP REQUEST FORM

Please use this form for all start-up requests. All requests must include a résumé/CV, research plan, and an explanation for the use of funds. Allow 5 business days for approval process. Upon approval, a copy of this form will be returned to the department chair/dean.

Candidate's
Name

Actual or Anticipated Date of Offer

Employment Start Date

Department

College/School

Amount of Start-Up Request

10%
90%
100%

Department

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College/School

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Other

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Office of Research

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Total

--	--	--

Course Release
(# of Credit Hours)

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Total Cost of Course Release
(*See formula below)

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*Formula: (9 Month Salary / 24) x Released Credit Hours x 1.35.

NOTE: If lab space renovation or construction is required, please also complete the "[New Hire Research Space Renovation Form](#)" and submit that form to the Provost Office.

Department
Chair/Director

Name (please TYPE or PRINT legibly)

Signature

Date

College/School
Dean

Name (please TYPE or PRINT legibly)

Signature

Date

Send completed form and attachments via email to:

Joy Yard at j.yard@csuohio.edu and
Roman Kondratov at r.kondratov@csuohio.edu

Approval

Roman Kondratov, Associate Vice President for Research

Date

Nigamanth Sridhar, Senior Vice President and Provost
(only necessary if requesting more than \$50,000)

Date