



# 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			
College/School			
Other			
Office of Research			
<b>Total</b>			

Please list (attach separate sheet if needed):  
1) Research space requirements (where applicable);  
2) Description of space needed (room size, utilities and services, other special requirements);  
3) Proposed location.

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](mailto:j.yard@csuohio.edu) and Roman Kondratov at [r.kondratov@csuohio.edu](mailto:r.kondratov@csuohio.edu)

**Approval**

Forrest Faison, Senior Vice President for Research \_\_\_\_\_ Date

Jianping Zhu, Provost and Senior Vice President for Academic Affairs  
(only necessary if requesting more than \$50,000) \_\_\_\_\_ Date