



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			
Total			

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 and Dan Simon at d.j.simon@csuohio.edu

Approval

Jerzy T. Sawicki, Vice President for Research _____ Date

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