

TENURE-TRACK FACULTY STARTUP REQUEST FORM

1. Candidate's Name: _____ Faculty Level: _____

2. Prospective Department: _____ Position Start Date: _____

3. Critical Need Priority (1-high, to 4-low): _____ Explain below:

4. Description of the perceived influence of startup \$ on hiring success:

5. Comments on candidate's research potential and anticipated impact of their hiring on **specific research targets consistent with the campus strategic plan:**

6. Total startup request from Office of the Vice Chancellor for Research and distribution among fiscal years:
Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____ Year 5: _____

7. Detail of cost-sharing from Dept and College with FY of commitments:

College Dean's Signature: _____

VCR Commitment: _____ VCR Signature: _____

Date: _____

- Attach:**
- a. candidate's cv and letters of reference
 - b. itemized information and justification of startup needs
 - c. any other information (e.g., dept'l evaluation of candidate, etc.), expansion of above responses, etc.

Forward to: Vice Chancellor for Research by clicking SUBMIT.

After clicking the SUBMIT button, attach your other files to the email.

NOTE 1: A copy of this complete form will be provided to the Provost.

NOTE 2: If startup is approved, a draft of the offer letter to the candidate must be forwarded to this office for approval in advance of mailing.