

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.

1904						
Candidate's Name						
Actual or Anti	icipated Date of Offer Employmen	nt Start Date				
Department College/School						
Amount	of Start-Up Request					
\0	Department					
10%	Callan (Callan)					
	College/School					
	Other					
90%	Office of Research					
1009						
100						
Course Release (# of Credit Hours)						
Total Cost of Course Release (*See formula below)						
*Formula: (9	Month Salary / 24) x Released Credit H	Iours x 1.35.	L			
NOTE: If lab the Provost Of	space renovation or construction is req	uired, please also complet	e the " <u>New H</u>	ire Research Space Renovat	on Form" and subr	nit that form to
Department Chair/Director				Signature		
College/Schoo Dean	ol					
	Name (please TYPE or PRINT legibly)			Signature		Date
	Send completed form and attachments via email to: Joy Yard at <u>i.vard@csuohio.edu</u> and Roman Kondratov at <u>r.kondratov@csuohio.edu</u>					
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Approval	Roman Kondratov, Associate Vice President for Research					Date
Apı	Nigamanth Sridhar, Provost and Senior Vice President for Academic Affairs (only necessary if requesting more than \$50,000)					Date