

New Faculty Start-up Request

Date Submitted: _____
 Fiscal Year of Hire: _____
 Start Date: _____
 Proposed Salary: _____

Name: _____ Rank: _____

Department: _____ College: _____

START-UP EXPENSES

Description	Total	Year 1	Year 2	Year 3
OTHER				
Total Start-up Expenses				

FUNDING SOURCES

Description	Cost Center/Project #	Total	Year 1	Year 2	Year 3
Department Cost Center/Project #					
College Cost Center #					
Agency					
Other					
University Funding (Provost Office)					
Total Funding					

SPACE INFORMATION – List proposed Office/Research space.

Campus		Proposed Research Space (Bldg. Room #)	
Proposed Office Space (Bldg. Room #)		Research Space Type	

COMMENTS

APPROVALS

Provost Approval Date:	
Comments:	