

# RESEARCH STARTUP REQUEST FORM

Please use this form for all startup requests. All requests must include a resumé/CV, research plan, budget (on provided template), and budget justification. Allow 3-5 business days for approval process. Upon approval, a copy of this form will be returned to the department chair/dean.

Candidate's  
Name

Offer Accepted?

Actual or Anticipated Date of Offer

Employment Start Date

Startup Start Date

NOTE: Candidates who have accepted an offer of employment from ECU are not typically eligible to receive startup funds from Research, Economic Development, & Engagement (REDE).

Department

College/School

## Amount of Startup Request

	Year 1:	Year 2:	Year 3:	Year 4:	TOTAL	%
REDE	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College/School	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grad School / Other	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COMMENTS

SPACE

Office

Laboratory

Department  
Chair/Director

Name (please TYPE or PRINT legibly) / Mail Stop #

Signature (REQUIRED)

Date

College/School  
Dean

Signature (REQUIRED)

Date

Name (please TYPE or PRINT legibly)

E-mail completed form and attachments with subject **STARTUP REQUEST** to:

Mary Farwell farwellm@ecu.edu (252-328-4810)

REDE SUR2005mm rev 08.08.2022

Approval

Sharon R. Paynter, Acting Chief Research & Engagement Officer

Date

Robin N. Coger, Provost and Senior Vice Chancellor for Academic Affairs

Date