

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. Upon approval, a copy of this form will be returned to the department chair and dean.

Candidate's Name Appointment

Actual or Anticipated Date of Offer Employment Start Date Startup Start Date If non-faculty, % of time devoted to research:

Department College/School

Amount of Startup Request

	Year 0:	Year 1:	Year 2:	Year 3:	TOTAL	%
Office of Research	\$ <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"/>
Total	\$ <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)

Chair/Director Signature (REQUIRED)

Date

College/School Dean

Name (please TYPE or PRINT legibly)

Dean Signature (REQUIRED)

Date

E-mail completed form and attachments with subject **STARTUP REQUEST** to: [Mary Farwell farwellm@ecu.edu](mailto:farwellm@ecu.edu) (252-328-4810)

SRFmm rev 05.15.2025

Approval

Sharon R. Paynter, Interim Chief Research Officer

Date

J. Christopher Buddo, Provost and Vice Chancellor for Academic Affairs

Date