

# 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 1:	Year 2:	Year 3:	Year 4:	TOTAL	%
Office of Research	\$ <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
College/School	\$ <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
Department	\$ <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
Grad School/Other	\$ <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
<b>Total</b>	<b>\$</b> <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" 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 \(252-328-4810\)](mailto:Mary.Farwell@ecu.edu)

SRFmm rev 007.01.2024

**Approval**

\_\_\_\_\_  
Sharon R. Paynter, Interim Chief Research Officer Date \_\_\_\_\_

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