

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: 100px;" 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: 100px;" 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: 100px;" 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: 100px;" type="text"/>
Total	\$ <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: 100px;" 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 11.22.2024

Approval

Sharon R. Paynter, Interim Chief Research Officer Date _____

J. Christopher Buddo, Interim Provost and Senior Vice Chancellor for Academic Affairs Date _____