FUNDING SUPPORT REQUEST FORM

Faculty Member’s Name: ____________________________________________

EAS Department: __________________________________________________

Request related to: ___ Research/Creative Work  ___ Service  ___ Instruction

EAS Department Chair Signature: ____________________________________

COMPLETE QUESTIONS BELOW FOR REVIEW BY EAS EXECUTIVE COMMITTEE:

What amount of funding support is needed?

What would the funds be used for, specifically?

If this is a continuance or repeat of previous EAS funding for this activity, what was the direct benefit to the department and the college?

If this is the first funding request for this activity, what is its direct benefit to the department and the college?

Have any other supporting sources been sought?

If funding support is not provided, what will you do?

When would support need to be provided? (Timeframe on payment)

Alternate ideas, if funding support is not approved or available?

Approved Amount _______  Dean’s Signature:____________________

NOTE: If approved, a follow-up report on the fund’s use and outcome of the activity will be provided to your Department Chair.