## TENURE-TRACK FACULTY REQUEST FORM

1.	Candidate's Name:			Faculty Level:	
2.	Prospective Departs	ment:		Position Start Date:	
3.	Critical Need Prior	ity $(1 = \text{high, to } 4 = 1)$	ow):	Explain below:	
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4.	4. Description of the perceived influence of startup money on hiring success:				
	Comments on the candidate's research potential and anticipated impact of their hiring on <b>specific targets consistent with the campus strategic plan:</b>				
	consistent with the	e campus strategic p	oian:		
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6.	Total startup reques	st from the Office of	the vice Chancellor	for Research and distribution among fiscal years:	
	Year 1:	Year 2:	Year 3:	Year 4:	
7.	7. Detail of cost-sharing from the department and college with fiscal year commitments:				
College	Dean's Signature:				
VCR Co	ommitment:		VCR Signature:		
			Date:		
Attach:	a. Candidate's CV				
	b. Itemized information and justification of startup needs c. Any other information (e.g., departmental evaluation of candidate, etc.), expansion of above responses, etc.				

**Note:** If startup is approved, a draft of the offer letter to the candidate must be forwarded to this office for approval in advance of mailing.

Forward to: Vice Chancellor for Research (ovcr@siu.edu)