TENURE-TRACK/ TENURED FACULTY REQUEST FORM

1. Candidate's Name:			Faculty Level:		
2. Prospective School:			Start Date:		
3. Total startup	request from the Offi	ce of the Vice Cha	ncellor for Research and distribution among fiscal	years:	
Year 1:	Year 2:	Year 3:	Year 4:		
4. Detail of cost-sharing from the School and College with fiscal year commitments:					
College Dean's Si	gnature:				
VCR Commitmen	nt:	VCR Signa	ture:		
Attach: a. Candidate's CV b. Itemized information and justification of startup needs					

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