

NEW FACULTY STARTUP REQUEST FORM

1. Candidate's Name: _____

2. Prospective Department: _____ Position Start Date: _____

3. Critical Need Priority (1-high, to 4-low): _____ Explain below:

4. Description of the perceived influence of startup \$ on hiring success:

5. Comments on candidate's research potential and anticipated impact of their hiring on **specific Southern at 150 research targets**:

6. Total startup request from Office of the Vice Chancellor for Research & Graduate Dean (\$), and distribution among fiscal years:

7. Detail of cost-sharing from Dept and College with FY of commitments:

College Dean's Signature: _____ VCR/GD Commitment: _____

VCR/GD Signature: _____

Date: _____

- Attach:**
- a. candidate's cv and letters of reference
 - b. itemized information and justification of startup needs
 - c. any other information (e.g., dept'l evaluation of candidate, etc.), expansion of above responses, etc.

Forward to: John A. Koropchak
Office of the Vice Chancellor for Research & Graduate Dean, Mailcode 4344
koropcha@siu.edu , or plpp@siu.edu
FAX: 453-4573

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.