



Request for Research Funds

Name: _____ Date: _____

Department: _____ Phone ext.: _____

Purpose for which the funds will be used:

Specific allocation of requested funds (Full-time faculty: \$800 per year limit (7/1– 6/30))

Signature

Date

Chairperson's signature

Please email completed form to the Faculty Development Committee c/o Julie Chalk,
chalk@hood.edu