



## Request for Research Funds 2018 – 2019

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone ext.: \_\_\_\_\_

Purpose for which the funds will be used:

Specific allocation of requested funds (Full-time faculty: \$400 per year limit (7/1/18– 6/30/19))

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Signature

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Date

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Chairperson's signature

Please email completed form to the Faculty Development Committee c/o Julie Chalk,  
[chalk@hood.edu](mailto:chalk@hood.edu)