



Request for Research Funds 2019 – 2020

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 (7/1/19– 6/30/20))

Signature

Date

Chairperson's signature

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