



## Office of the Provost and Academic Affairs

### Faculty Startup Funding Extension Request

In accordance with UCF faculty startup guidelines, faculty startup funding should be expended within three years from a faculty member's hire date, or five years from a faculty member's hire date in the College of Medicine.

An extension of startup funding beyond this period requires approval. Please use this form to request an extension to faculty startup funding beyond the original expiration date. All fields must be completed prior to submission, including approval signatures. Completed forms should be submitted to the Office of the Provost and Academic Affairs by email to Juan Lugo ([Juan.Lugo@ucf.edu](mailto:Juan.Lugo@ucf.edu)).

Faculty Name: \_\_\_\_\_

UCF ID: \_\_\_\_\_ UCF Hire Date: \_\_\_\_\_

College: \_\_\_\_\_

Department/School: \_\_\_\_\_

Startup Designation: \_\_\_\_\_ Startup Issued Date: \_\_\_\_\_

Original Expiration Date: \_\_\_\_\_ Requested Extension Date: \_\_\_\_\_

Beginning Balance: \_\_\_\_\_ Remaining Balance: \_\_\_\_\_

**Justification:** Please provide a thorough explanation of why the startup funding extension is needed. Use additional sheets, if needed.

**Planned Expenditures:** Please provide information on the planned expenditures to be completed during the extension period. Use additional sheets, if needed.

#### **Approval Signatures**

Please indicate approval of this request with your signature below.

|                                                    |                                                 |               |
|----------------------------------------------------|-------------------------------------------------|---------------|
| _____<br>Faculty Member Printed Name               | _____<br>Faculty Member Signature               | _____<br>Date |
| _____<br>Dept. Chair/Director Printed Name         | _____<br>Dept. Chair/Director Signature         | _____<br>Date |
| _____<br>Dean Printed Name                         | _____<br>Dean Signature                         | _____<br>Date |
| _____<br>FCI Director Printed Name (if applicable) | _____<br>FCI Director Signature (if applicable) | _____<br>Date |

#### **Academic Affairs Approval**

The startup funding extension request is: ☐ Approved ☐ Not Approved

|                                                                                   |                    |               |
|-----------------------------------------------------------------------------------|--------------------|---------------|
| _____<br>Provost and Executive Vice President<br>for Academic Affairs or Designee | _____<br>Signature | _____<br>Date |
|-----------------------------------------------------------------------------------|--------------------|---------------|