



DIVISION OF RESEARCH
DRIF Support Request

DRIF ID # _____
Recorded by _____

Date _____
Requestor _____ Phone ext. _____
College _____
Department _____
Amount Requested \$ Per Year _____ # of Years _____ Total \$ _____
Purpose _____

(Please attach budget and project summary to this request form.)

If Applicable, please complete information below.

Title of Proposal/Project _____
Sponsor _____
Total Amount Requested from Sponsor*: \$ _____

These funds are committed on the following condition: if the sponsor and/or other matching partners do not fully fund the project, our commitment will also be appropriately adjusted.

(Please attach proposal budget and project summary to this request form.)

Requested by: _____ Date _____
Requestor Signature
Endorsed by: _____ Date _____
Department/Unit Head Signature
Endorsed by: _____ Date _____
School/College Dean Signature
Comments _____
Approved by: _____ Date _____
Vice President for Research Signature