Department Chair Support Form: University Facilitating Fund

Basic Information
Chair Name: ________________________________________________________________________
Chair Email Address: ________________________________________________________________________
Department Name: ________________________________________________________________________
Department Org Code: ________________________________________________________________________

UFF Proposal Information
Proposal Title: ________________________________________________________________________
PI Name: ________________________________________________________________________

Chair Statement
I, _____________________________________________________________________________ agree to protected time for _____________________________________________________________________________ to complete their UFF project at ____ % effort.

Department Objectives
Does this proposal align with its department’s objectives (Yes/No)? ________________

Additional Comments
Please provide any additional information in the below that might be important in the review of this proposal.

___________________________________

Department Chair’s Signature