



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

Request for Funding from the College of Arts and Sciences

Deadlines: 1 September, 1 November, 1 January, 1 March, 1 May, 1 July

Name:

Project Name:

Faculty Rank/Position Title:

Dates of Project:

Department/Unit:

Month/YR funding to be received:

Please check purpose (*check all that apply*):

Conference (at least 6 months in advance – ARC, Boake)

Emergency Equipment Repair or Replacement (Boake)

Graduate Recruiting (advertise graduate programs; Moore)

In-residence Fellowship Supplemental Support (Boake, Kramer, ARC)

Minor Equipment (not SARIF major equipment – Boake)

Support for Guest Speaker (Boake)

Student Organization Event (Boake, Collins)

Undergraduate Research Support (e.g. travel, research, presentations – Boake, Collins)

Other (*Describe*):

Budget Overview:

Estimated Cost

Notes

Honorarium:

Travel:

Publicity/Communications:

Other (*please explain*):

Total Estimated Cost: _____

Departmental Contribution:

Total Other Contributions:
(sources on a separate page) _____

Total Contributions:

Total Remaining Estimated Cost: _____

Amount of Request: _____

College of Arts & Sciences

312 Ayres Hall, Knoxville, TN 37996-1330
865-974-5332 865-974-4352 fax artsci.utk.edu

Account to which the above expenses will be charged and into which reimbursement is to be credited:

Account Number:

Account Name:

Please attach:

- Brief (one page maximum) narrative stating the purpose and benefits of the funding request: Where appropriate describe efforts (a) to involve students and (b) to foster diversity.
- Names and departmental affiliations of other faculty members involved in the request.
- Copy of any supporting documentation
- Detail of sources and amounts of other contributions
- Documentation of other sources of funds

Routing this request:

Faculty member attaches the document to an email that is sent to the Head. Head forwards it to the appropriate college office, including a confirmation of the departmental commitment. College representative will forward if needed.

To be completed by Dean's office:

Amount of previous college support (*up to five years, if known*):

Comments:

Approved amount (up to):_____

Approval Dean/Associate Dean:_____

Approval ARC:_____

ARC Designation of Account Number and Name of Account from which to be paid:

Approved Request #:_____