PRAIRIE VIEW A&M UNIVERSITY ACADEMIC AFFAIRS FUNDING REQUEST REVIEW FORM

Amount Request _____

Fiscal Year

Purpose:

Goals/Imperatives:

Explain how this request will achieve the goal(s)/imperative(s) selected above:

Will this request result in additional students enrolled and/or additional SCH's? Explain below:

How does this request benefit students? Explain below:

Provide a proposed budget for this request:

| Budget Category | FTEs | Amount |
|----------------------|------|--------|
| Faculty Salaries | | |
| Non-Faculty Salaries | | |
| Wages | | |
| Grad Asst. | | |
| Benefits | | |
| Travel | | |
| M&O | | |
| Scholarships | | |
| Utilities | | |
| Equipment | | |
| Total | | |

List proposed title and salary for each position.

| Title | Percent Effort | Salary |
|-------|----------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

Is this a one-time or continuing cost? _____

When is funding needed? ___ Immediately; or Desired Date: _____

Amount provided by department? ______ Destination Account Number: ______

If department submitted multiple requests, a ranking 1 through 10 is required. 1 is considered to the most important.

| Rank: | |
|--------------|------|
| Submitted by | Date |

| Comments: | |
|------------------------|------|
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| | |
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| | |
| | |
| | |
| Source Account Number: | |
| | |
| | |
| Associate VP | Date |
| | |
| | |
| Provost | Date |