

University of Rochester
Special Opportunities Fund
Request for Time-Limited Support Funds

School _____ Dean's signature _____ Date _____

Please address the following:

1. Identify the faculty diversity challenges in the department or school and how this funding will address those challenges.
2. Describe how the school intends to use the support funds, including the span of time for which the funds are needed.
3. Identify the school resources that are available to support this request.

Please send this signed form and response to the items above to:

*Lynne Davidson
Deputy to the President and
Vice Provost for Faculty Development and Diversity
PO Box 270016
240 Wallis Hall
Rochester, NY 14627-0016
(585) 273-2760
(585) 256-2473 (fax)
lynne.davidson@rochester.edu*