

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

For use by the School of Medicine and Dentistry

School _____ Dean's signature _____ Date _____

Department _____ Chair'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/department intends to use the support funds, including the span of time for which the funds are needed.
3. Identify the school/department 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*