University of Central Florida
Office of Research

OR Sponsorship

The Office of Research (OR) is committed to supporting research related conferences, workshops, etc. We have decided to strategically invest funds to support important areas of research that have national or international impact, and advance the priority metrics of UCF’s strategic plan.

Review the OR Sponsorship SOP for official guidelines and complete the Request for Sponsorship form when submitting an application.

For more information, contact Kelli Marini, Project Manager: (Kelli.Marini@ucf.edu)
Request for Sponsorship

1. Name of proposed activity: ______________________________________________________

2. Sponsoring Unit (College, Dept., Project): _______________________________________

3. Requester: ___________________________ Phone No: ___________________________

4. Activity
   A. Describe the research activity: _____________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
   B. What is its national or international impact? ________________________________
      __________________________________________________________________________
      __________________________________________________________________________
   C. How does the research activity generate national or international recognition for UCF? ___________
      __________________________________________________________________________
      __________________________________________________________________________
   D. How does the research activity support the mission and strategic plan of the University? ___________
      __________________________________________________________________________
      __________________________________________________________________________

5. Activity beginning date: ________________ Ending date: _________________________

6. Location of activity: __________________________________________________________

7. Amount requested: ___________________________________________________________

8. Other support/funding sources: ________________________________________________

9. Department/Project number to transfer funds: _________________________________

10. I understand this activity must maintain a positive impact on the university and/or research.

Requestor/Accountable Officer signature _______________ Print or type name _______________ Date _______________

11. I have reviewed and support this funding request. I understand its mission as it relates to the overall mission of the university and research. I hereby recommend approval of this request.

   College Dean Signature _______________ Print or type name _______________ Date _______________

12. Approved: ____________________  
    Research Vice President Signature _______________ Print or type name _______________ Date _______________

Please submit completed and signed form via email to Kelli Marini, Project Manager: Kelli.Marini@ucf.edu