

**University of Mississippi Medical Center
Enhancement Program for Research Excellence**

Unfunded Faculty Loan Application

Faculty Candidate's Name:

Requesting Department:

Total Amount Requested:

Proposed Loan Term (\leq 2-4 yrs.):

Proposed Loan Start Date:

What are the startup needs of the candidate?

What other resources will the Department provide the candidate for startup?

How will the candidate's research interests contribute to research programs within the Department and UMMC?

By signing below, I certify the above to be true and accurate to the best of my knowledge. I understand that should this loan be granted, it will be repayable within the term deemed by the Associate Vice Chancellor for Research and the Office of Research, regardless of whether the faculty member has received extramural funding.

Department Chair/Dean

Date