

Aspiration Research Cluster Program Application approval form

Cluster title:

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Clusterlead

Name	Faculty:
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Cluster members (if applicable) requesting teaching release as part of the application:

Name(s):	Faculty:
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Faculty approval:

<p>Signature of Dean indicates that the attached application has the support of cluster lead & faculty. If the Dean is not available, the Associate Dean Research may provide sign-off if any members of the proposed cluster are requesting teaching release. If any members of the proposed cluster are requesting teaching release, their faculty Dean must sign this form as well.</p>	
Dean:	Signature:
	Date:
Dean:	Signature:
	Date:
Dean:	Signature: