CPI Annual Funding Request

College/Division (Academic units) or **Department (Non-academic units):** _____

Total amount of funding requested: _____

Intended use of requested funds:

Information must include:

- Overview of internships by department
- Applicable majors
- Expected number of student interns
- Expected hours/week
- Expected durations
- Number of off-campus opportunities
- Other pertinent details

Attach additional documents as required.

Person requesting funds PRINTED name: _____

Signature: _____ Date: _____

UBO PRINTED name: _____

Signature: _____ Date: _____

Dean/Vice President PRINTED name: _____

Signature: _____ Date: _____

Please submit completed forms to the CPI Office, Stop 8108