



Aspiration Research Cluster Program Application approval form

Cluster title:

--

Cluster PI or Co-PIs:

Name(s):	Faculty:
----------	----------

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

Name(s):	Faculty:
----------	----------

Faculty approval:

Signature of Dean indicates that the attached application has the support of the PI's faculty. If the application is led by Co-PI's in different faculties, both Deans must sign the form. 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, their faculty Dean must sign this form as well.	
Dean:	Signature: Date:
Dean:	Signature: Date:
Dean:	Signature: Date: