



Aspiration Research Cluster Program
Application approval form

Cluster title:

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Cluster lead:

Name:	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 cluster lead's 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, their faculty Dean must sign this form as well.	
Dean:	Signature: Date:
Dean:	Signature: Date:
Dean:	Signature: Date: