

DIRECTORATE OF RESEARCH, INNOVATION AND CONSULTANCY [DRIC]

REQUEST FOR INSTITUTIONAL LETTER OF SUPPORT

[Researchers or Evaluators should allow at least five (5) working or business days from deadline for processing of request and feedback from DRIC]

Surname:	First Name:	Middle Nam
College:		Faculty/School:
Directorate/Centre/Department/Office:		Designation/Title:
Email Address:		Cell Phone No.:
Please attach the following docu 1. A copy of the request/ca	CALL FOR APPLICATION ments or send their soft copies to lift for applications or provide a lin	
Please attach the following docu 1. A copy of the request/ca Link (If applicable): 2. Abstract or Project Sum 3. Details of Team Compoindicate if UCC is Lead	ments or send their soft copies to ll for applications or provide a lin mary (Include the aim/goal/object	dric@ucc.edu.gh: k to the request/call or announcement ives of the project) aborative organisations if applicable; on)
Please attach the following docu 1. A copy of the request/ca Link (If applicable): 2. Abstract or Project Sum 3. Details of Team Compo- indicate if UCC is Lead 4. Abridged CV of Princip	ments or send their soft copies to all for applications or provide a line all for applications or provide a line all for applications or Consortium (Include colling or Partnering on the Applications)	dric@ucc.edu.gh: k to the request/call or announcement ives of the project) aborative organisations if applicable; on)
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The Director of DRIC will sign the letter of support. If a different person is required to sign, please indicate the signee:

Name:	Title:
Due Date for Letter of Support:	
Any Other Relevant Information:	
Signature of Principal Investigator/Lead Consultan	t: Date:
FOR OFFICIAL USE ONLY:	
Date of Receipt at DRIC:	
Decision by Director of DRIC:	Signature of Director of DRIC:
	Name:
	Date:
Decision by Vice Chancellor (If applicable):	Signature of Vice Chancellor:
	Name:
	Date: