

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
TECHNOLOGY SUPPLEMENT REQUEST FORM**

School: _____

Department: _____

Recipient: _____

Justification (Institutional purpose): _____

Funding source: _____

Date of last Technology Supplement: _____

Proposed effective date: _____

Recipient signature: _____
Date

Approvals:

Department head:

Printed Name Signature Date

Dean:

Printed Name Signature Date