



**College of Medicine
Department of Internal Medicine**

Chairman's Office
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REQUEST FOR LETTERS OF RECOMMENDATION/SUPPORT

DATE OF REQUEST: _____

PI Name: _____

Division: _____

Please attach:

_____ Draft letter for Dr. Byrd to sign

_____ Budget

_____ Brief summary of your proposal

Is there a change in effort? _____

Is there a cost share? _____

Submission due date: _____

Please note, this request must be submitted 5 days before the internal due date.

Send all necessary documents together with form to IMOffice@ucmail.uc.edu

Signed by:

Division Director: _____

Business Administrator: _____

Teresa Larkin: _____