



University
of Vermont

College of Agriculture
and Life Sciences

Department Match Authorization Form

Department Name: _____

Department Chair Name: _____

Student Name: _____

Name of Event Where Funds will be Used: _____

Location of Event (if Applicable): _____

Amount Requesting that Will Need to be Matched by Department: _____

Agreement:

Our department agrees to match the amount listed above that the student requests from the College of Agriculture and Life Sciences Deans Office.

Department Chair Signature: _____

Date: _____