Month Day, Year

AdventHealth University Research Office

671 Winyah Drive

Orlando, FL, 32803

Subject: Department Chair Letter of Support

To whom it may concern:

This letter acknowledges that I have received and reviewed a request by the Faculty Principal Investigator “Full name” from AHU’s program name to conduct the research project titled “XX”.

I fully endorse this research project as described in the research application being submitted for review by the Scientific Review Committee, Institutional Review Board, Environmental Health and Safety and Grants and Philanthropy through the Research Office.

I am conversant that this project is in full compliance with all AHU requirements for research projects.

Sincerely,

**Name, highest degree**

Chair of the Department Name

AdventHealth University