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 or Quality Assessment or scholarly project entitled “XX.”

I fully endorse this project as described in the proposal being submitted for review by the Scientific Review Committee, Institutional Review Board, Environmental Health and Safety and Grants and Philanthropy (if requesting internal grants) through the Research Office.

Sincerely,

**Name, highest degree**

Chair of the Department Name

AdventHealth University