

Fellowship and Award Notification Form

Please complete this form in advance of applying to fellowships and awards that will require financial support or leave from TAMU-CC to complete activities associated with the award. Please submit the completed form and attachments to your department chair/supervisor.

Applicant Name: _____

Rank: _____

Department: _____

College: _____

TAMU-CC Hire Date: _____

Date of Next Rank Review: _____

Name of Award: _____

Potential Funder: _____

Faculty fellowship reassignment time is made with the understanding that recipients will continue employment with TAMU-CC for at least one academic year following the fellowship. Is that your intention? (Y/N) _____

Project Description

- Please attach a project description that includes:
- If the award provides leave, please provide a timeline or state the semesters you would expect to be out if awarded.
- Provide a short paragraph summarizing the proposal – including the objectives, the methodology to be followed, and expected results.
- Will your work require IRB or similar review? (Y/N) If yes, when will the review be requested?
- How will this work benefit TAMU-CC and your academic discipline?
- How will this work enhance your teaching, scholarship, and/or creative work?

Budget

- Please attach a brief budget that includes:
- Amount of the award (include any restrictions by the sponsor regarding its use)
- Expected costs
 - Salary gap
 - Research, travel, and other expenses related to the proposed work

Applicant's Signature: _____
Date: _____

Department Chair/Supervisor's Signature: _____
Date: _____

Dean's Signature: _____
Date: _____

Provost's Office Signature: _____
Date: _____

VP for Research and Innovation Office Signature: _____
Date: _____