

PART I: FACULTY SUMMER FELLOWSHIP COVER PAGE

1. **Type of Award:** Faculty Summer Fellowship
2. **Applicant Information:**
Name:
Department:
Office:
Office Phone:
e-mail address:

Tenure Status (Tenure-track or Tenured):
Faculty Rank (Lecturer, Assistant Professor, Associate Professor, Full Professor):
Date of Most Recent Summer Fellowships Award:
3. **Other Current FDA Award Applications** (please note if award applications are co-dependent):
4. **Title of Project:**
 - a. **IRB/IACUC/IBC Approval # / Status** (if applicable):
 - b. Note: This information is for committee review and will not impact project scoring.
5. **Short Project Description** (200-word max):

6.

signature*

date

* By typing your name or pasting your signature in the space provided you are allowing this application to be reviewed by the Faculty Benefits Committee for a possible award. The applicant is also aware that failure to comply with the instructions may result in this proposal not being reviewed.