

**Individual Faculty Fellowship Program
Application Cover Sheet
2016-17**

Date of Submission

Name

Department

College or School

Mail Stop

Project Title

Project Description (up to 100 words)

Are you requesting reduced teaching load?

Yes

No

Department Chair Signature



Dean Signature



All applications must include the following. Please verify submission of each of the following

Narrative Proposal

Letters of Recommendation

Curriculum Vitae

Budget Worksheet

Supplementary Documentation (optional)

For Administrative Use

Date Received

Received by