**Faculty Fellowship Support Application (Research Assignment/Reduction in FTE/Leave without Pay)**

**Please note: Requests for sabbatical leaves in conjunction with fellowships should follow the sabbatical leave request process.**

**Due to CAS by October 8th for fellowships beginning any time during the upcoming academic year**

Faculty member’s name:

Department:

Semester or Academic Year for which research assignment is requested:

**External Funding Source(s):** Please supply the information below for the funding source (s) and attach your project summary (or, if your proposal is not yet complete, a preliminary summary).

**For each funding source:**

1. Name of funding agency:
2. Application deadline:
3. Your project title:
4. Amount of total funding requested:
5. Amount of this funding that will be used to replace your salary:
6. Notification date, if known:

**Are you requesting salary support**: Y - Yes N - No

**What type of option is being requested:**

Research Assignment\_\_

Reduction in FTE(indicate FTE %) \_\_\_\_\_

Leave without pay\_\_\_\_\_\_

If you have applied to more than one funding agency, please include information (a-e) for each additional source.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endorsement of Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_