



# FELLOWSHIP NOTIFICATION FORM

## UNCG College of Arts & Sciences Notice of Intent to Seek External Fellowship Support

This form must be completed by any faculty member in the College of Arts & Sciences (CAS) who plans to apply for an external fellowship that will involve an off-campus assignment for all or part of an academic year and/or that will entail a request for supplemental salary support. All fellowship applications should be approved at the department, college, and university levels prior to submission to the funder.

This form should be first approved by the department and then submitted to the CAS Office of Research (CAS OOR). If you are submitting the same proposal to more than one funder, you must complete a separate Fellowship Notification Form for each application.

**Note:** Tenured/tenure-track faculty are eligible for CAS fellowship support once every three years. If a fellowship proposal is submitted to a funder without a completed notification form or without required approvals, CAS is under no obligation to recognize the award, provide supplemental salary support, or provide an off-campus assignment. See all CAS Fellowship Policies.

Faculty Name: \_\_\_\_\_ Dept. / Program: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title of proposal: \_\_\_\_\_

Name of funding agency: \_\_\_\_\_

Period for which support is requested: \_\_\_\_\_

Date of last Research Leave or Fellowship: \_\_\_\_\_

Support requested from agency: \$ \_\_\_\_\_ Agency submission deadline: \_\_\_\_\_

If the amount of support requested is less than 50% of your salary for the requested time period, check one or more of the following or attach a separate explanation:

The award will be combined with a University Research Assignment or JOCA.

I am submitting applications for more than one fellowship.

I will accept partial salary for the period of the award.

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

**DEPARTMENTAL APPROVAL** *The department can accommodate the applicant's absence for the period indicated and any lost teaching can be covered by the amount of salary that will be recouped by the College (typically the total value of the award minus 42% to cover fringe benefits).*

\_\_\_\_\_  
Dept Head / Director Signature Date: \_\_\_\_\_

Dept Head / Director Name: \_\_\_\_\_