



FELLOWSHIP NOTIFICATION FORM

College of Arts & Sciences Notification of Intent to Seek External Fellowship Support

This form must be completed by faculty members in the College of Arts & Sciences (CAS) who will apply for an external fellowship that involves an off-campus assignment for all or part of an academic year and / or that entails a request for supplemental salary support. All fellowship proposals 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, then submitted to the CAS Office of Research (CAS OOR). You may use this form to obtain approval to submit multiple fellowship applications with contemporaneous deadlines. The form should be submitted in advance of the *earliest* deadline.

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

Faculty Name: _____ Dept. / Program: _____

Email address: _____ Telephone: _____

Title of proposal: _____

Dates of last Research Leave / Fellowship: _____

Current Base Salary (excluding stipends and add-pays): _____

Expected Fellowship Period (Term/s, Year/s): _____

Funding Agency / Fellowship Name	Application Deadline	Fellowship Start / End Dates	Expected Amount of Fellowship

If the amount of support provided by any of the fellowships above less than 50% of your salary for the fellowship period, check all that apply or attach a separate explanation:

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

I will accept partial salary for the fellowship period.

Applicant Signature

Date: _____

DEPARTMENTAL APPROVAL *(Signature below indicates department can accommodate the fellow'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 less fringe benefits).*

Dept Head / Director Signature

Date: _____

Dept Head / Director Name: _____