WFU ID Number: Click here to enter text. Revised 8/20/18

**routing form for fellowship submission**

**external fellowship proposal information**

**To be completed by Faculty Applicant:**

Project Title: Click here to enter text.

Fellowship Name: Click here to enter text.

Faculty Applicant: Click here to enter text.

Department/School/Other: Click here to enter text.

Rank: Click here to enter text.

Amount of Funding Provided by Fellowship Agency: Click here to enter text.

Dates of Fellowship: Click or tap to enter a date. to Click or tap to enter a date.

Submission Deadline: Click or tap to enter a date.

Does this proposal require additional funding from the College?  yes  no

If College funding is being requested, please answer the following:

* What funding is being requested? (i.e. benefits, etc.)
* Who will pay the faculty member’s benefits during the fellowship?

Does this fellowship require the faculty member to be absent from Reynolda campus?

yes  no

If yes, this fellowship will occur during:

Fall Semester  Spring Semester  Academic Year

This fellowship will occur during:

Reynolds Leave  Junior Leave

Other (please explain): Click here to enter text.

**abstract information**

Please provide a brief, nontechnical abstract of this project. It will be provided to the Communications and External Relations department for possible use in both internal and external press releases and news articles. The abstract should not exceed 1 page single-spaced and should convey the relationship of the proposed activities to other significant work in the discipline and to the University’s mission. When appropriate, also indicate how this funding will complement or relieve institutional expenditures (i.e., student stipends, instructional equipment, etc.). Please contact [Research and Sponsored Programs](http://research.wfu.edu/rsp/) for further information.

**faculty member certifications**

By signing this form, the Faculty Member certifies that to the best of his/her knowledge:

1. The information contained on this form and the corresponding proposal is accurate and complete.
2. If an award is made, he/she is responsible for compliance with award terms and university policies and procedures, particularly for the technical conduct of the work, submission of technical reports, regulatory compliance, and financial management.
3. The proposal and other corresponding information do not contain any false, fictitious, or fraudulent statements or claims. Making such statements or claims may result in criminal, civil, or administrative penalties.
4. He/she has not engaged in lobbying activities (activities to influence legislation) on behalf of this or any other application.
5. He/she is neither debarred nor suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency.
6. He/she has no significant financial interests related to this proposal, and there are no material changes to the information described in his/her annual [Conflicts of Interest Disclosure](http://research.wfu.edu/rsp/).
7. He/she understands that WFU has a [patent policy](http://research.wfu.edu/policies/) and agrees to abide by it.

Click or tap here to enter text. Date

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*Name of Applicant* Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Applicant*

**administrative approvals**

The signatures below indicate approval of this project/program and constitute a permission to the Principal Investigator to conduct the activities described in the attached proposal. They also oblige the University to provide the resources committed on this form should funding be awarded and to affirm responsibility for their management. Institutional approval is retained beyond the tenure of the individuals signing below. The University reserves the right to review awards before final acceptance of funding.

Click or tap here to enter text. Date

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*Name of Department Chair or Equivalent* Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Department Chair or Equivalent*

**Anthony Marsh** Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Associate Dean for Research, Scholarship, and Creativity* Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Associate Dean for Research, Scholarship, and Creativity*

*Document to be submitted by department chair to Anna Henley at brownal@wfu.edu.*