

WAKE FOREST UNIVERSITY – REYNOLDA CAMPUS

*For Dean of Wake Forest College Office
Use Only*

**ROUTING FORM FOR FELLOWSHIP SUBMISSION
EXTERNAL FELLOWSHIP PROPOSAL INFORMATION**

WFU ID Number: _____

Project Title:	
Fellowship Name:	
Faculty Applicant:	
Dept./School/Other:	
Amount of Funding Provided by Fellowship Agency:	
Fellowship Begin Date:	
Fellowship End Date:	
Submission Deadline:	

Does this proposal require additional funding from the College? **YES** **NO**

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

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://www.wfu.edu/RSP/pdf/ReynoldaCOI.pdf>.
7. He/she understands that WFU has a patent policy and agrees to abide by it.
<http://www.wfubmc.edu/research/tech/policynew.html>

Printed Name:

Signature:

Date:

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.

Department Chair/Director: Date:

Department Chair/Director:* Date:

**second chair signature line for faculty with appointments in two departments*

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

Associate Dean for Academic Planning:
 Date:

ABSTRACT INFORMATION:

On a separate page 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, extension 5888, for further information.