



ACADEMIC FELLOWSHIP FORM

(Please Circle) New		*Change		Addition to	
PEOPLE DATA					
Last Name:		First Name:		Middle Name:	
Title: ___ Dr. ___ Mr. ___ Miss ___ Mrs. ___ Ms.		___ M ___ F			
SS # (if new to RF):		Assign. #		Birth Date:	
Nationality: ___ US Citizen; ___ Non-Citizen in US on VISA ___ Non-Citizen Not in US; ___ Perm. Resident					
Mail To: ___ Home ___ Office		*Ethnic Origin: (select all that apply) ___ American Indian or Alaskan Native, ___ Asian, ___ Black or African American, ___ Hispanic or Latino, ___ White, ___ Hawaiian/Other Native Pacific Islander			
*Visa Type:		*Country:		I-9 Expiration Date	
Check Delivery Drop:		*Attach copy of passport, visa, I-94 and I-20 or IAP66			

SPECIAL INFO

Education Level:	Degree Expected:	Date Degree Expected:
Other Special Info: ___ Y ___ N	Specify:	

ADDRESS

US Address (Primary Address in United States):		
City:	State:	Zip Code:
Address 2: ___ US ___ Foreign	E-Mail Address:	
City:	State:	Zip Code:
County:	Country	

Health Insurance

Grant Pays: _____	Fellow Pays: _____
Individual _____	Individual +1: _____ Individual +2 _____
***Fellow must submit Health Insurance Form	
Contact: Diane Hoffman @ 2-6144	

ASSIGNMENT

Organization:	Group: <i>Fellow</i>
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SALARY

AWARD DATA

Award Amount: \$	Fellow Type: ___ Faculty ___ * Postdoc ___ Grad ___ UnderGrad
Award Begin Date:	Award End Date:

***If changing enter award amount and dates
 * If Postdoc attach copy of PhD



ACADEMIC FELLOWSHIP FORM

Current LABOR DISTRIBUTION

Last Name _____ First Name _____

Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%

New LABOR DISTRIBUTION

Schedule Line Changes

Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%

Fellow Health Insurance Labor Schedule

Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%

DECLARATION (Required for initial award only)

I acknowledge that no services are required of me in consideration of the stipend provided by this fellowship award. I understand that as a fellowship recipient engaged in study or research on a State University of New York campus I am subject to the Patent Waiver and Release Agreement and the University's academic policies applying to fellowship recipients.

Patent Waiver and Release Agreement:

I have read the [Patent and Inventions Policy](#) and the [Computer Software Policy](#) of the Research Foundation. I agree to abide by any additional terms and conditions relating to the above policies as required by any sponsor from whom I accept support through the Research Foundation.

In fulfillment of the above, I will promptly report to the Research Foundation or its designee such patentable inventions, discoveries, and computer software and software support materials as may arise out of work supported by the sponsor and will cooperate with the sponsor, the State University of New York, or the Research Foundation in the preparation and prosecution of any patent or copyright applications relating to such inventions, discoveries, and computer software and software support materials, and will execute all documents necessary to such applications. Further, I hereby assign all patent rights and copyrights applicable to such inventions, discoveries, computer software and software support materials to the sponsoring agency, to the State University of New York, to the State University of New York's designee, or to the Research Foundation in those instances where the applicable sponsor policy or the State University of New York's Patents and Inventions Policy or Computer Software Policy places ownership of such in either the sponsor, the State University of New York, or the Research Foundation.

Fellowship Recipient Signature: _____

Date: _____

APPROVALS

This assignment is permissible under the terms stated by the above sponsor.

Project Director/Co-Project Director: _____

Department Contact: _____

Phone: _____

(Signature) _____

(Date) _____

Operations Manager: _____

(Signature) _____

(Date) _____

This fellowship assignment is consistent with SUNY academic policy and procedure.

SUNY Academic Officer: _____

(Signature) _____

(Date) _____

Additional campus signature as required _____

(Signature) _____

(Date) _____

Input by: _____

Date: _____

Labor input by: _____ DA Required

DA Input