

Application for Faculty Development Awards (FDA) Program
FACULTY SUMMER FELLOWSHIP COVER PAGE

1. **Type of Award:** Faculty Summer Fellowship
2. **Applicant Information:**
 - Name:
 - Department:
 - Office:
 - Office Phone:
 - e-mail address:

Tenure Status (Tenure-track or Tenured):
Faculty Rank (Lecturer, Assistant Professor, Associate Professor, Full Professor):
Date of Most Recent Summer Fellowships Award:
3. **Other Current FDA Award Applications:**
4. **Title of Project:**
 - a. **IRB/IACUC/IBC Approval # / Status** (if applicable):
 - b. Note: This information is for committee review and will not impact project scoring.
5. **Short Project Description** (200 word max):

6.

signature*

date

* By typing your name or pasting your signature in the space provided you are allowing this application to be reviewed by the Faculty Benefits Committee for a possible award. The applicant is also aware that failure to comply with the instructions may result in this proposal not being reviewed.