



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: Edmond Anderson @ 2-6144

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

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 have read the Patent Waiver and Release Agreement and agree to abide by its terms and understand that as a fellowship recipient engaged in study or research on a State University of New York campus I am subject to this policy and the University's academic policies applying to fellowship recipients.

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



ACADEMIC FELLOWSHIP FORM

Patent Waiver and Release Agreement

I have read the [Patent and Inventions Policy](#) and the [Computer Software Policy](#) of The Research Foundation of State University of New York. 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 of State University of New York.

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. I further agree to 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.

THE RESEARCH FOUNDATION IS AN EQUAL OPPORTUNITY EMPLOYER, PERSONNEL ARE CHOSEN ON THE BASIS OF ABILITY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, HANDICAP OR NATIONAL ORIGIN, IN ACCORDANCE WITH FEDERAL AND STATE LAWS.

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Updated 05/18/01 03:47:36 PM Eastern Time