

**Checklist for Applications for
Fellowship Award**

Faculty Name: _____

School _____ Department _____

- | | | | |
|--|-----|----|----|
| 1. Confirmation of Eligibility from HR (Z. Rosa) attached. | Yes | or | No |
| 2. Previous Fellowship or Scholar Incentive Leave? | Yes | or | No |
| a) If Yes , copy of last Leave Report attached? | Yes | or | No |
| 3. Pay Rate indicated. | Yes | or | No |
| 4. Duration and dates of proposed leave completed? | Yes | or | No |
| a) If non-consecutive semesters , justification included? | Yes | or | No |
| 5. CV (Updated/Most Recent) attached? | Yes | or | No |
| 6. Detailed description of proposed scholarly activity
and/or Research Plan attached? | Yes | or | No |
| 7. Is leave at another Institution? | Yes | or | No |
| a) If Yes , Letter of Support attached? | Yes | or | No |
| 8. Application Signatures & Approvals: | | | |
| a) Faculty Member's Signature | Yes | or | No |
| b) Chair's Signature | Yes | or | No |
| c) P&B approval documented. | Yes | or | No |
| d) Dean's Signature | Yes | or | No |

Office of Academic Personnel

Date Received: _____

Reviewed by: _____

Application Complete? Yes or No

If no, follow-up and result (describe): _____
