

**Lehman College/City University of New York**  
**Faculty Development Program Application Cover Page**

Please check appropriate Semester         **Fall 2010**         **Spring 2011**

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**Applicant Information**

Applicant:

Department:

Email:

Phone:

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**Project Information (Include Progress Report, if applicable)**

Title:

Abstract (do not exceed the space provided):

This project involves:

*Appropriate approval is required before the project begins.*

- Human Participants
- Approved #\_\_\_\_\_
- Approval Pending
- Hazardous Agents

- Animal Subjects
- Approved #\_\_\_\_\_
- Approval Pending
- Radioactive Materials

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**Applicant:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Chair:** I have reviewed this proposal and support this request for released time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Divisional Dean:** I have reviewed this proposal and support this request for released time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email the Cover Page, Project Description and Biographical Summary to [raisa.dejesus1@lehman.cuny.edu](mailto:raisa.dejesus1@lehman.cuny.edu) and send a copy to your Department Chair who should send an email confirming her/his approval to [raisa.dejesus1@lehman.cuny.edu](mailto:raisa.dejesus1@lehman.cuny.edu).

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### BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

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NAME	POSITION TITLE
eRA COMMONS USER NAME	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

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Please refer to the application instructions (see 3a above) in order to complete sections A, B, and C of the Biographical Sketch.