

The Research Foundation of State University of New York

FELLOWSHIP AWARD FORM

(Upon completion of this form, please return it to Office of Human Resources, 216 Bray Hall)

| FELLOW INFORMATION (project director completes) | | | | | |
|---|---|--|---|---|--|
| FELLOW'S LAST NAME | | FIRST NAME | | MIDDLE INITIAL | <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. |
| AWARD START DATE | | AWARD END DATE | | FELLOWSHIP TO BE PAID \$ _____ | |
| MAILING ADDRESS | | | | | |
| STREET | | APT | CITY | STATE | ZIP CODE |
| FELLOWSHIP TYPE | | | PROJECT# | AWARD# | TASK# |
| <input type="checkbox"/> Faculty <input type="checkbox"/> Graduate <input type="checkbox"/> Postdoctoral <input type="checkbox"/> Undergraduate | | | _____ | _____ | _____ |
| | | | _____ | _____ | _____ |
| | | | _____ | _____ | _____ |
| PROJECT DIRECTOR APPROVAL <i>(required for all)</i> | | | FACULTY CHAIR/DIRECTOR APPROVAL <i>(for faculties that require, see reverse side for listing)</i> | | |
| _____ <i>Signature</i> <i>Date</i> | | | _____ <i>Signature</i> <i>Date</i> | | |
| _____ <i>Department</i> <i>Phone</i> <i>Email</i> | | | | | |
| FELLOW INFORMATION (fellow completes) | | | | | |
| LOCAL ADDRESS | | | TELEPHONE | DATE OF BIRTH | |
| PERMANENT ADDRESS | | | EMAIL ADDRESS | SOCIAL SECURITY # | |
| NATIONALITY | VETERAN STATUS | ETHNIC ORIGIN <i>(see reverse side for definitions)</i> | | EDUCATION | |
| <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen in US on Visa <input type="checkbox"/> Visa Type _____ <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <i>(if veteran, additional form required)</i> | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino (white race only) | | <input type="checkbox"/> Hispanic or Latino (all other races) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Education Level _____ Degree Expected _____ Date Degree Expected _____ | |
| DECLARATION | | | | | |
| 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 (provided on attached form) and agree to abide by its terms and understand that as a fellowship recipient engaged in study and 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 Signature: _____ | | | Date: _____ | | |
| ADDITIONAL APPROVALS | | | | | |
| OFFICE OF RESEARCH PROGRAMS | | | OPERATIONS MANAGER | | |
| _____ Date | | | _____ DATE | | |
| OFFICE OF HUMAN RESOURCES | | | | | |
| _____ Date | | | | | |
| OFFICE USE ONLY | | | | | |
| EMPLOYEE # | DATE REVIEWED REQ SUBMITTED TO HR | | | VISA SHARE FILE DONE | |
| VISA TYPE | WORK AUTH EXP DATE | | STUDENT STATUS CHECKED | | |
| DATE INPUT BY | LD | | COPIES PR <input type="checkbox"/> TK <input type="checkbox"/> FA <input type="checkbox"/> DATE: | | |
| SPECIAL NOTES | | | | | |

ETHNIC ORIGIN DEFINITIONS

| Value | Description |
|---|--|
| American Indian or Alaska Native | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. |
| Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| Black or African American | A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." |
| Hispanic or Latino (white race only) | A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, of white race only. |
| Hispanic or Latino (all other races) | A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, of any race other than white. |
| Native Hawaiian or Other Pacific Islander | <p>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term "Native Hawaiian" does not include individuals who are native to the State of Hawaii by virtue of being born there.)</p> <p>In addition to Native Hawaiians, Guamanians, and Samoans, this category would include the following Pacific Islander groups reported in the 1990 census: Carolinian, Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Ponapean (Pohnpelan), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese.</p> |
| White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |

Faculty Chair Signature Requirements

Note: NO signatures are required for hourly students

Chemistry Faculty - Chair signature NOT required

Construction Management and Wood Products Engineering Faculty - Chair signature NOT required

Environmental and Forest Biology Faculty – Chair signature NOT required

Environmental Resources and Forest Engineering Faculty - Chair signature NOT required

Environmental Studies Faculty – Chair signature required

Forest and Natural Resources Management Faculty – Chair signature required

Landscape Architecture Faculty - Chair signature NOT required

Paper Science and Engineering Faculty - Chair signature required