



Academic Fellowship Form Upon completion, return to Office of Human Resources, 216 Bray Hall

PROJECT DIRECTOR TO COMPLETE

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| Fellow's Last Name _____ First Name _____ Middle _____ | Check One: Dr. ___ Ms. ___ Mrs. ___ Mr. ___ Miss ___ |
| Mailing Address—Street, City, State, Zip _____ | |

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|-------------------------|
| Award Begin Date: _____ |
| Award End Date: _____ |
| Award Amount: \$ _____ |

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|-------------------------|-------------------|--------------|------------------|
| Fellowship Type: | | | |
| ___ Faculty | ___ Undergraduate | ___ Graduate | ___ Postdoctoral |

| Project | Task | Award | Organization | Expenditure Type | LD Start Date | LD End Date | % |
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Project Director Approval (required for all)

Signature: _____ Print Name: _____ Date: _____

Department: _____ Phone #: _____ Email: _____

Department Chair/Director Approval - Required for all PI & CO PI appointments and required for FNRM and Paper Bioprocess Engineering

Signature: _____ Date: _____

FELLOW INFORMATION - FELLOW TO COMPLETE

Local Address: _____

Permanent Address: _____

Home/Cell Phone: _____ Work Phone: _____ Date of Birth: _____

Email: _____ Social Security # _____

Nationality:

___ US Citizen

___ Non-Citizen in US on Visa

Visa Type: _____

___ Permanent Resident

Ethnic Origin: (select all that apply—see back page for definitions)

___ American Indian or Alaska Native ___ Hispanic or Latino ___ Asian

___ Native Hawaiian or Other Pacific Islander ___ Black or African American ___ White

Education:

Level Completed: _____

Degree Expected: _____

Date Degree Expected: _____

I acknowledge that no services are required of me in consideration of the stipend provided by this fellowship award.

Intellectual Property Assignment I have read The State University of New York's [Patents, Inventions and Copyright Policy](#) ("SUNY Policy") and [RFSUNY's Intellectual Property Policy](#) ("RF Policy"). I agree to abide by the SUNY Policy and the RF Policy, and by any additional terms and conditions imposed by any sponsor from which I accept support through RFSUNY, including but not limited to the Patent and Trademark Amendments Act (i.e., Bayh-Dole Act) and its implementing regulations found in 37 CFR 401. I will promptly disclose to RFSUNY or its designee any Intellectual Property (as defined in the SUNY Policy) subject to the SUNY Policy or sponsor requirements, and will cooperate with RFSUNY, the sponsor, and the State University of New York, and execute any such documents as may be necessary to protect the subject Intellectual Property. I understand that the prompt disclosure of Intellectual Property developed within the scope of my employment is required to enable its protection prior to U.S. or foreign statutory bars and to establish the government's rights, where applicable. I hereby assign to RFSUNY all rights in Intellectual Property subject to the SUNY Policy, and will execute any documents required to effectuate such assignment to or as directed by RFSUNY.

As an Equal Opportunity/Affirmative Action Employer, the RFSUNY will not discriminate in its employment practices due to an applicant's race, color, creed, religion, sex (including pregnancy, childbirth or related medical conditions), sexual orientation, gender identity or expression, transgender status, age, national origin, marital status, citizenship, physical and mental disability, criminal record, genetic information, predisposition or carrier status, status with respect to receiving public assistance, domestic violence victim status, a disabled, special, recently separated, active duty wartime, campaign badge, Armed Forces service medal veteran, or any other characteristics protected under applicable law. The RFSUNY will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant.

Fellowship Signature: _____ **Date:** _____

Signatures

Office of Research Programs: _____ Date: _____ Operations Manager: _____ Date: _____

For Office Use Only

Employee # _____ Date Reviewed Request Submitted to HR: _____ Visa Share File Done: _____

Visa Type: _____ Work Authorization Expiration Date: _____ Student Status Checked: _____

Date Input by: _____ LD: _____ Copies: PR _____ TK _____ Date: _____

Special Notes: _____

Revised 11/30/17

Definitions—Ethnic Origin

American Indian or Alaska Native—(not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian—(not Hispanic or Latino) 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—(not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander—(not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—(not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.