



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

PROJECT DIRECTOR TO COMPLETE

Fellow's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Check One:
Dr. \_\_\_ Ms. \_\_\_
Mrs. \_\_\_ Mr. \_\_\_
Miss \_\_\_ Mx. \_\_\_

Mailing Address—Street, City, State, Zip

Award Begin Date: \_\_\_\_\_

Award End Date: \_\_\_\_\_

Award Amount: \$ \_\_\_\_\_

Fellowship Type:

\_\_\_ Faculty \_\_\_ Undergraduate \_\_\_ Graduate \_\_\_ Postdoctoral

Table with 8 columns: Project, Task, Award, Organization, Expenditure Type, LD Start Date, LD End Date, %

Project Director Approval (required for all)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Education:

Level Completed: \_\_\_\_\_
Degree Expected: \_\_\_\_\_
Date Degree Expected: \_\_\_\_\_

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

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 Research Foundation for SUNY will not discriminate in its employment practices due to an applicant's race, color, creed, religion, sex, pregnancy-related conditions, reproductive health decisions, childbirth or related medical conditions, sexual orientation, gender identity or expression, transgender status, age, national origin or ancestry, marital status, familial status, citizenship, physical and mental disability, prior arrest or conviction record, genetic characteristics/genetic information, predisposition or carrier status, domestic violence victim status, military status or service, veteran status, or any other characteristics protected under federal, state or local law.

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: \_\_\_\_\_

## **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.