



Research Fellowship Cover Sheet for AY 2024-2025

Title of Proposal: _____

Names of Lead Investigators (please type/print and sign):

Name (Contact PI) Department Email Date

Name Department Email Date

Name Department Email Date

Name Department Email Date

Department Head/Chair or Center Director Approval:

By signing, I confirm that I support the faculty member's application and any associated requirements for my department or center:

Name Department Email Date

Name Department Email Date

Name Department Email Date

Name Department Email Date

Name Department Email Date

Please indicate the semester you are applying for:

Fall 2024

Spring 2025