

Academic Fellowship Form

Please check one: New *Change Addition to Early Termination

People Data

Last Name _____ First Name _____ Middle Name _____

Social Security # (if new to RF) _____ Birth Date _____ Gender: Male Female

Title: Dr. Mr. Mrs. Ms. Miss
 Nationality: U.S. Citizen Non-Citizen in U.S. on VISA Non-Citizen Not in U.S. Permanent Resident
 *Ethnic Origin (select all that apply):
 American Indian or Alaskan Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian/Other Pacific Islander
 White

Mail To: Home Office
 *Visa Type _____ **Check Delivery Drop** _____

*Country _____ **Assignment Number** _____

I-9 Expiration Date _____ *Please attach a copy of the passport, I-94, and I-20 or IAP66

Special Information

Education Level _____ Other Special Information? Yes No

Degree Expected _____ If Yes, please specify:

Date Degree Expected _____

Address

Primary U.S. Address _____
 City _____ State _____ Zip _____

County _____ Country _____ U.S. Foreign

Secondary Address _____
 City _____ State _____ Zip _____
 County _____ Country _____ Email Address _____

Health Insurance

Grant Pays _____ Fellow Pays _____
 Individual _____ Individual + 1 _____ Individual + 2 _____

*****Fellow must submit Health Insurance Form For more information, please contact Benefits at 632-6180**

Assignment

Organization _____ Group: Fellow

Salary

Award Data

Award Amount \$ _____ Fellow Type:
 Faculty
 *Postdoc
 Grad
 Undergrad
 Award Begin Date _____
 Award End Date _____

* If this employee is a Postdoc, please attach a copy of their PhD.

**If changing, enter award amount and dates

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Last Name _____ First Name _____ RFID _____

Current Labor Distribution							
Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%

New Labor Distribution							
Schedule Line Changes							
Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%

Fellow Health Insurance Labor Schedule							
Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%

Declaration (required for initial award only)

I acknowledge that no services are required of me in consideration of the stipend provided by this fellowship award. I understand that as a fellowship recipient engaged in study or research on a State University of New York campus I am subject to the Patent Waiver and Release Agreement and the University's academic policies applying to fellowship recipients.

Patent Waiver and Release Agreement:

I have read the [Patent and Inventions Policy](#) and the [Computer Software Policy](#) of the Research Foundation. I agree to abide by any additional terms and conditions relating to the above policies as required by any sponsor from whom I accept support through the Research Foundation.

In fulfillment of the above, I will promptly report to the Research Foundation or its designee such patentable inventions, discoveries, and computer software and software support materials as may arise out of work supported by the sponsor and will cooperate with the sponsor, the State University of New York, or the Research Foundation in the preparation and prosecution of any patent or copyright applications relating to such inventions, discoveries, and computer software and software support materials, and will execute all documents necessary to such applications.

Further, I hereby assign all patent rights and copyrights applicable to such inventions, discoveries, computer software and software support materials to the sponsoring agency, to the State University of New York, to the State University of New York's designee, or to the Research Foundation in those instances where the applicable sponsor policy or the State University of New York's Patents and Inventions Policy or Computer Software Policy places ownership of such in either the sponsor, the State University of New York, or the Research Foundation.

Fellowship Receipt Signature: _____ Date: _____

Approvals

This assignment is permissible under the terms stated by the above sponsor.

Project Director/Co-Director _____ Department Contact _____ Phone (____) ____ - ____

Signature _____ Date _____

Operations Manager:

Signature _____ Date _____

This fellowship assignment is consistent with SUNY academic policy and procedure.

SUNY Academic Officer:

Signature _____ Date _____

Additional Campus Signatures as Required:

Signature _____ Date _____

Input by _____ Date _____

Labor Distribution Input By _____ DA Required _____ DA Input _____