

SUMMER FELLOWSHIP

The University of Tennessee at Chattanooga

Name: _____ Date: _____

Department: _____ Rank: _____

Title of Project: _____

Approximate Duration: Beginning: _____

Ending: _____

Funds Requested: \$2,500 \$5,000

Indicate other sources of funds you have requested for this project:

Have you previously received a faculty research grant from UTC? Yes No

If yes, list titles and dates of your three most recent UTC faculty research grants/fellowships:

Title	Date
-------	------

Title	Date
-------	------

Title	Date
-------	------

Have you completed your project(s) and supplied final reports? Yes No

If your research involves human subjects, have you obtained approval from the UTC Human Subjects Committee? Yes No

Comments by Department Head or Supervisor: _____

Signature of Applicant: _____

Signature of Department Head or Supervisor: _____

For Official Use Only

Approved

Funds Granted _____

Disapproved

Deferred

Comments

Chair, Faculty Research Committee

Date

Submit original hard copy and 1 electronic copy to Chair of the Faculty Research Committee.