

FACULTY DEVELOPMENT PROGRAM APPLICATION FORM FOR
2010-2011 FACULTY RESEARCH ASSIGNMENTS &
2010 SUMMER RESEARCH ASSIGNMENTS

Application, complete instructions, and eligibility guidelines are provided at: <http://www.utexas.edu/ogs/fdp/>

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Last name _____ First name _____ Middle name _____

Department _____ Campus mail code _____ UTEID _____

Faculty rank _____ Date first appointed to UT Austin faculty _____

Email _____ Campus phone _____

TYPE OF AWARD FOR WHICH APPLICATION IS MADE: (check one only)

_____ 2010-2011 Faculty Research Assignment [* 1]

_____ 2010 Summer Research Assignment

(Only tenured professors may apply.)

(Only assistant professors may apply.)

PROJECT TITLE

REVIEW COMMITTEE SELECTION (A, B, or C) _____ [*2]

PREVIOUS SUPPORT: Have you held previous SRAs, FRAs or Dean's Fellowships? (yes or no) _____ [*3]

LOCATION OF RESEARCH: _____ [*4]

DOES THIS PROJECT INVOLVE HUMAN SUBJECTS? _____ [*5]

List one recommender whom you've asked to comment on the merits of your proposal. [*6]

NAME

TITLE OR POSITION

INSTITUTION/EMPLOYER

APPROVED:

Signature of department chair [*7]

Date

APPROVED:

Signature of academic dean [*7]

Date

By signing here, the applicant acknowledges the Policy (HOP 3.10) requiring Assignment recipients to (1) return to full-time normal service at UT Austin for the two long semesters following the academic year of the Assignment; or (2) reimburse UT Austin for funds expended in support of the Assignment if the recipient elects not to return for the required period [*8].

Signature of the applicant [*8]

Date

ABSTRACT OF PROPOSED PROJECT (do not exceed space below): [*9]