

Vice Provost & Dean of Graduate Studies
The University of Texas at Austin

2009-2010 BIG XII FACULTY FELLOWSHIP PROGRAM
APPLICATION FORM

NAME _____ EID _____
Last First MI

COLLEGE _____ DEPARTMENT _____

RESEARCH CENTER (if applicable) _____

FACULTY RANK _____

CAMPUS PHONE _____ CAMPUS MAIL CODE _____ E-MAIL ADDRESS _____

HOST UNIVERSITY YOU PLAN TO VISIT _____

HOST UNIT YOU PLAN TO VISIT _____

FACULTY SPONSOR(S)
AT HOST UNIVERSITY _____

DATES OF VISIT (if known, OR give estimated number of travel days) _____

DISPOSITION OF DUTIES AT THE UNIVERSITY OF TEXAS AT AUSTIN

APPLICANT'S SIGNATURE _____ DATE _____

DEPARTMENT
CHAIR'S SIGNATURE _____ DATE _____

RESEARCH DIRECTOR'S
SIGNATURE (if applicable) _____ DATE _____

ACADEMIC DEAN'S SIGNATURE _____ DATE _____

Under the provisions of the Privacy Act of 1974, the applicant is entitled to access to the evaluation of his/her application unless he/she has waived such access. **Optional: I waive my right of access to the evaluation of my application.**

APPLICANT'S SIGNATURE _____ DATE _____

SUMMARY STATEMENT. On a separate sheet of paper, please provide a brief (one-page) description of the purpose and activities of your visit.

ATTACHMENTS. Attach (1) a copy of your formal invitation from the sponsoring unit at the host university; and (2) a copy of your curriculum vitae.

The complete original proposal (application form, summary statement, formal invitation and curriculum vitae) is due in this Office by Friday, April 24, 2009. Submit to: Faculty Development Program, Graduate School, Main Building 101, G0400. Applications may be faxed to 512-471-7620.