



Check One: ☐ **ACADEMIC FELLOWSHIP** ☐ **PARTICIPATION STIPEND**

Department: _____ PD/Contact Name: _____ Phone: _____

☐ Initial Appointment ☐ Change (Complete name, SSN, and only that information to be changed ☐ Termination

ADMINISTRATIVE DATA

Person # (or SSN if one has not been issued):		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Last Name:		First Name:	MI:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Origin: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> White	Assignment #:			

US Address (Local/Primary Address, used for Taxation Purposes):

Street:	Apt #:	City:
State:	Zip Code:	Phone #:

Permanent Address (If different than Local/Primary Residence): ☐ US ☐ Foreign

Street:	Apt #:	City:
State:	Zip Code:	Country:
		Phone #:

U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Citizenship, if not U.S.:	Visa Type: <input type="checkbox"/> F01 <input type="checkbox"/> J01 <input type="checkbox"/> J02 <input type="checkbox"/> PER <input type="checkbox"/> Other _____	Student Status: <input type="checkbox"/> SUNY Undergrad <input type="checkbox"/> SUNY Grad	Education Level Reached:	Check Distribution Code:
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ACADEMIC FELLOWSHIP DATA

Fellowship Base/Annual \$	Fellowship to be Paid \$	Type of Fellowship <input type="checkbox"/> A. Faculty <input type="checkbox"/> B. Postdoctoral <input type="checkbox"/> C. Graduate <input type="checkbox"/> D. Undergraduate			
Begin Date:	End Date:	Project	Task	Award	Sponsor Name

NOTE: If the award is supported by PHS training grant funds, a statement of appointment of trainee - PHS form 2271 or form 4885-2 must be forwarded to PHS prior to the appointment date. A copy of the PHS form **MUST** be attached to this form.

N. I. H. ☐ Yes ☐ No Fed. Award ☐ Yes ☐ No

PARTICIPATION / STIPEND DATA

Begin Date:	End Date:	Total Stipend: \$		or Hourly Stipend Rate: \$	
Project	Task	Award	Stipend <input type="checkbox"/> E. Vocational Training <input type="checkbox"/> F. Secondary School <input type="checkbox"/> G. Other Participation Stipend	Sponsor Name	

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 have read the Patent Waiver and Release Agreement set forth on the reverse side of this form and agree by its terms and understand that as a fellowship recipient engaged in study or research on a State University of New York campus I am subject to this policy and the University's academic policies applying to fellowship recipients.

Fellowship / Stipend Recipient: _____ Date: _____

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

Project Director / Co-Project Director: _____ (Signature) _____ (Date) Chair / Dean /V.P.: _____ (Signature) _____ (Date)

G&C - Date Stamp	Exp. Type:	Bi-Weekly: \$	HR - Date Stamp	
	HR Signature	Date		Initials
	G&C Signature	Initials		Date
	Sponsor Name			

PATENT WAIVER AND RELEASE AGREEMENT

I have read the Patent and Inventions Policy and the Computer Software Policy of The Research Foundation of State University of New York. 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 of State University of New York.

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. I further agree to 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.

DEFINITIONS

Academic Fellowship: An award made in furtherance of the education of the recipient and in recognition of his or her promise as a career research or teaching scholar. The recipient must meet whatever academic responsibilities and obligations are required of the fellowship holder by the State University of New York. (PHS training grants are academic fellowships.)

Faculty Fellowships: A fellowship award to a full-time faculty member of the State University of New York.

Graduate Fellowship: A fellowship award for graduate study or research.

Undergraduate Fellowship: A fellowship award for undergraduate study.

Participation Stipend: Payment for participation in vocational and secondary school education and training or other nonacademic programs.

Postdoctoral Fellowship: A fellowship award for study or research beyond the doctoral degree level.

Service: Teaching, research or other work which the recipient of a stipend award must agree to perform in order to obtain the stipend. Service does not include research initiated by the recipient or incidental activity such as preparing progress reports or giving a talk on the results of the recipient's research. (If the terms of the award require the recipient to provide a service, the person must be appointed as a Research Foundation employee.)

Sponsor: The individual or organization making the fellowship award available.

Stipend: A payment made to an individual to defray living expenses while engaged in independent study, research, or a sponsored training program or while participating in a nonacademic program. No services are required in consideration of this payment.

CODES

Education Level Reached

HSS - High School

ASC - Associate's

BAC - Bachelor's

MAS - Master's

PHD - PhD

MDD - MD

Other - See Codes/Terms Manual for complete list

Student Status

N - Not a Full-Time SUNY Student

G - Full-Time SUNY Graduate Student

U - Full-Time SUNY Undergraduate Student