



HOBART AND WILLIAM SMITH COLLEGES

Fellowship Proposal Authorization Form

APPLICANT NAME	DEPARTMENT
PROJECT TITLE	
FUNDING ORGANIZATION (AND PROGRAM, IF APPLICABLE)	
AMOUNT REQUESTED OF FUNDING ORGANIZATION \$	SUBMISSION DEADLINE
PROPOSED FELLOWSHIP START AND END DATES ---	PROPOSED SABBATIC LEAVE START AND END DATES (TOTAL FUNDED AND UNFUNDED PERIOD) ---
Is applicant eligible for a sabbatical during the proposed fellowship period?	
<input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE NOTE: All leave applications must be reviewed and approved in advance of proposal submission by the Department Chair or Program Director and the Provost.	
<input type="checkbox"/> I understand that the combined total of my sabbatic salary and this fellowship may not exceed my normal compensation for the year.	
<input type="checkbox"/> I understand that there are fiscal ramifications to receiving a fellowship in a non-sabbatic year. I have read the HWS policy on this matter and understand its terms.	

Authorization and Certification

I certify that the above information is accurate and complete.

APPLICANT SIGNATURE	DATE

I approve the attached proposal.

DEPARTMENT CHAIR/PROGRAM DIRECTOR SIGNATURE	DATE
PROVOST SIGNATURE	DATE