



JOHN CARROLL UNIVERSITY

Fellowship Internal Approval Form

Fellowship Applicant: _____ Date: _____
 Phone: _____ Email: _____ Department: _____
 Name of Fellowship: _____ Funding Agency: _____
 Proposed Project: _____

Award Time Period: From _____ to _____ Deadline to submit: _____

Are you requesting any additional funds from the University? yes ____ no ____ If so, what kind?
 __ Additional Salary __ Fringe Benefits (e.g., health coverage) __ Travel __ Other (List amounts below.)

Budget Summary					Approval Signatures	
	Fellowship Support	JCU Support Requested	Source of JCU Funds	Total Fellowship Costs		
Salary/Stipend					<i>Faculty Member</i>	Date
Fringe Benefits					<i>Chair</i>	Date
Travel					<i>College/School Dean</i>	Date
Other Costs (specify)					<i>Associate Academic VP</i>	Date
TOTAL COSTS					<i>Academic Vice President</i>	Date
Department Plans for Replacement:					<i>Comments:</i>	

The faculty member must notify and gain approval from the Deans and Academic Vice President before the application is submitted in order to be eligible for consideration for any type of university support including fringe benefits.