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| **POLICY STRATEGIC GROWTH AREA**    **+Policy Research Team Supplement**  Application Cover Sheet  (please print or type) | | Leave blank-for internal use only |
| **Name of proposed +Policy Fellow:** | **Campus Address:** | |
| **Rank/Title:** | **Email Address:** | |
| **College:** | **Telephone Number:** | |
| **Department:** |  | |
| **Description of the team research project and goal of the fellowship** **(one sentence each):** | | |
| **Support requested for:**    **Course buyout spring 2020**  **Summer stipend 2020** | **Total Amount Requested:** | |
| **Signature of proposed Fellow Date**  **Signature of Research Team Leader Date** | | |
| **When relying on internal funds, the cost of release time to allow faculty members in my department to pursue research/scholarly activities ranges from:  $          to  $          per course. The department is willing to accept funds within this range should the applicant receive the fellowship.**      **Name of Department Head/Chair (print) Signature Date** | | |