

**The Research Foundation for The State University of New York  
ACADEMIC FELLOWSHIP FORM**

**PEOPLE DATA**

Effective Date:		Last Name:		First Name:		MI:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Social Security # (Required):		Date of Birth:
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnic Origin: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Two or more races				
Visa Type: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> Permanent Resident		Country of Citizenship, if not U.S.:		Phone #:		B-Mail Address:
Student Status: <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student		Education Level Reached: <input type="checkbox"/> High School <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD				
Primary U.S. Address: Line 1 _____ Line 2 _____ City _____ State _____ Zip _____ - _____				RF PERSONNEL/PAYROLL USE ONLY: _____/_____/____ HR INPUTTED _____/_____/____ LD INPUTTED		

**ASSIGNMENT**

Organization (Department):		Assignment: <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/> -3 <input type="checkbox"/> -4		Group: STIP NQUAL _____	
RF Job Title Description: <b>NO JOB REQUIRED</b>		Location: <b>020</b>		Employment Category: <b>NOT AN EMPLOYEE</b>	
Type of Award: <input type="checkbox"/> Faculty <input type="checkbox"/> Graduate <input type="checkbox"/> Post Doctoral <input type="checkbox"/> Undergraduate					

**AWARD/STIPEND**

Award/Stipend Amount:		<input type="checkbox"/> Initial Appointment <input type="checkbox"/> Change to Existing Fellowship			
Sponsor Name (For Information Only):				End Date:	

**FELLOWSHIP DISTRIBUTION**

			RF PERSONNEL/PAYROLL USE ONLY:			
PROJECT	TASK	AWARD	EXPENDITURE TYPE	START DATE	END DATE	LD%
			<b>FPS - FELLOW</b>			

**DECLARATION AND AUTHORIZATION**

I acknowledge that no services are required of me in consideration of the stipend provided by this fellowship award. I understand that as a fellowship recipient engaged in study or research on a State University of New York campus I am subject to the Intellectual Property Assignment and the University's academic policies applying to fellowship recipients.

Fellow Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVALS**

<p>This assignment is permissible under the terms stated by the above sponsor.</p> <p><b>(REQUIRED)</b> Project Director/ Co-Project Director: _____ (Signature) (Date)</p> <p><b>(REQUIRED)</b> Dept. Chairman Or Dean's Office: _____ (Signature) (Date)</p>	<p>This fellowship assignment is consistent with SUNY academic policy and procedure.</p> <p>Operations Manager: _____ (Signature) (Date)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p align="center">Funds are in the account for this assignment. _____</p> </div>
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## INTELLECTUAL PROPERTY ASSIGNMENT

I have read The State University of New York's Patents, Inventions and Copyright Policy ("SUNY Policy") and RFSUNY's Intellectual Property Policy ("RF Policy"). I agree to abide by the SUNY Policy and the RF Policy, and by any additional terms and conditions imposed by any sponsor from which I accept support through RFSUNY, including but not limited to the Patent and Trademark Amendments Act (i.e., Bayh-Doyle Act) and its implementing regulations found in 37 CFR 401. I will promptly disclose to RFSUNY or its designee any Intellectual Property (as defined in the SUNY Policy) subject to the SUNY Policy or sponsor requirements, and will cooperate with RFSUNY, the sponsor, and the State University of New York, and execute any such documents as may be necessary to protect the subject Intellectual Property. I understand that the prompt disclosure of Intellectual Property developed within the scope of my employment is required to enable its protection prior to U.S. or foreign statutory bars and to establish the government's rights, where applicable. I hereby assign to RFSUNY all rights in Intellectual Property subject to the SUNY Policy, and will execute any documents required to effectuate such assignment to or as directed by RFSUNY.

## 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 Fellowship:** 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.

**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.

**Undergraduate Fellowship:** A fellowship award for undergraduate study.

## CODES

### Education Level Reached

NO - No High School Diploma

HS - High School

ASC - Associate's

BAC - Bachelor's

MAS - Master's

PHD - PhD

MD - MD