



2019-2020 ACADEMIC YEAR BIG 12 FACULTY FELLOWSHIP PROGRAM APPLICATION

Name _____

Faculty Rank _____

College/School _____ Department _____

Campus Email Address _____ Campus Phone # _____

Host University _____

Host Unit _____

Faculty Sponsor(s) at Host University _____

Dates of Visit _____

Checklist of items to be attached:

_____ Curriculum Vitae

_____ One page description of the purpose and activities of the visit, the outcomes expected to be derived from the fellowship (see guidelines)

_____ Statement from the department chair and Dean indicating support, the prospective benefits of the experience for both the individual and unit, and indicating how the faculty member's responsibilities will be covered

_____ Letter of invitation from the Big 12 host institution department

_____ Detailed budget (transportation, meals, and lodging)

Applicant's Signature _____ Date _____

Department Chair's Signature _____ Date _____

Dean's Signature _____ Date _____

Please complete, sign and date the application and forward (electronically) to the Provost's Office. **Attention: Ann Claycomb (ann.claycomb@mail.wvu.edu) by NO LATER THAN June 17, 2019.** Decisions will be rendered shortly thereafter.