

Office of the Assistant Vice-Chancellor (Academic & International)

**ACADEMIC FELLOWSHIP SCHEME: APPLICATION FORM**

### Name of Applicant

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |

### Contact Details

|  |  |
| --- | --- |
| Email: |  |
| Phone Extension: |  |
| Dept./Institute/School: |  |

### Other Members of the Project Team (if relevant)

|  |  |  |
| --- | --- | --- |
| Names (please list): | Position: | Institute/School: |

### Project

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| --- |
| Project Title: |
| Project Objective: |
| Project Description (where appropriate, further support material may be attached): |
| Project Timeframe, Key Milestones & Major Deliverables (please provide an indication of the timeline, a brief list of key milestones and concise statement of the project deliverables): |
| Is ethics approval required? YES / NO  Has ethics approval been applied for? YES / NO |
| Dissemination Plan (how the project outcomes will be shared across the University and with a wider audience: |
| Do you have project mentor? YES / NO  If so, who is your mentor? |
| List of people and groups you have consulted in preparing the application: |
| Any relevant information to support or contextualise the project: |

### Proposed Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Amount requested**  **(this application)** | **Amount secured (other sources)** | **Other funds required**  **(not yet secured)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Campus Presentation |  |  |  |
| **Total:** |  |  |  |
| Details and explanation of costs requested (please demonstrate clearly how the funding will be used to release you from normal teaching responsibilities and how you have ascertained the cost for each item): | | | |

### Applicant Certification

I certify that:

1. I will comply with the conditions and dissemination requirements of the Fellowship.
2. I will comply with all relevant Massey University policies and procedures.
3. The project can be conducted within my Department/Institute/School.

Signed: Date:

### Approval by Head of School/Institute or delegated authority

Comments:

|  |
| --- |
|  |

Signed: Date:

Send an electronic copy of your completed Application Form to:

Geraldine Gulbransen <G.Gulbransen@massey.ac.nz>

### Fellowship Application Outcome

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| --- |
| FUNDING APPLICATION OUTCOME: (office use only – Director of Teaching and Learning or nominee to complete)  Approved / Declined  Comments:  Signed: Date: |