



Provost's Initiative Faculty Fellowship
Humanities Institute at Stony Brook
2024-2025 Fellowship Year Application Cover Sheet



Applicant Information:

Name _____ Rank/Position _____

Department _____ Campus Address _____ 4 Zip _____

Contact Phone _____ Email _____

Proposed Semester-in-Residence Fall 2024 Spring 2025

Chair Information, Leave and Full Course-load Release Approval:

Chair Name _____ Signature _____ Date _____

Project Title:

Recommendation Letters:

SBU LOR Name _____ Dept _____

E-mail _____

Non-SBU LOR Name _____

Dept/Institution _____

E-mail _____

Applicant signature _____ Date _____