



**FACULTY FELLOWS
PROGRAM APPLICATION 2012 -2013**

The University of Texas at Arlington
Faculty Fellowships
Box 19569
Arlington, TX 76019-0569

First Name: _____ Middle: _____ Last: _____

Mailing Address: _____

Home Phone Number: _____ Preferred contact number? Yes No

Work Phone Number: _____ Preferred contact number? Yes No

Cell Phone Number: _____ Preferred contact number? Yes No

Personal E-mail Address: _____

Applying for (check one): _____ Post Doc

_____ Doctoral Fellowship/Pre-terminal Degree Fellowship

_____ Date of degree completion of proposal defense

Academic Specialization: _____

Current University Affiliation: _____

Baccalaureate Degree Focal Area: _____

From: _____

Graduate or Professional Degree Focal Area: _____

From: _____

Other Degree(s) Focal Area: _____

From: _____

Dissertation Topic or Title: _____

Dissertation Advisor: _____

UT Arlington Department of Interest: _____

Name(s) of UT Arlington faculty with whom you would like to collaborate:

1) _____ 2) _____

Applicant's signature: _____ **Date:** _____