Strictly Confidential

Fellowship Pro Forma

Section A: To be completed by the fellowship holder

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| Name: | School: |
| Current Post and Job Title | |
| Fellowship awarded (to include title and name of awarding body) | |
| Date Fellowship awarded: | |
| Length of Fellowship: | |
| Documentary evidence that funding has been secured must be attached to this Pro Forma ie funding letter attached | |
| University Project Code: | |
| Name and Signature fellowship holder | |
| Date | |

Section B: To be completed by Head of School/Associate Dean for Research

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| I support the change of status for the above fellowship holder |
| Name and date |

**Section C: To be completed by PVC for Research and Knowledge Exchange**

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| I support the change of status for the above fellowship holder: |
| Name and date |