



## New Faculty Research Award - Signature Page

This form must be submitted with your application

Applicant Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Department/School: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head / School Director Authorization: *I confirm that the applicant meets the eligibility requirements for the [FoM New Faculty Research Award](#).*

### Department Head / School Director

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications must be signed by the Department Head or School Director (or alternate designated signing authority) as indicated in the [FoM Signing Authority List](#).

Official e-signatures or scanned signatures are acceptable. Upload a signed copy of this consent form with your online application (no separate submission is required).