

## 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 <u>FoM New Faculty Research Award</u>.* 

## **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 <u>FoM Signing Authority List</u>.

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).