

Executive Officer Approval Form

IPRH Training in Digital Methods for Humanists (TDMH) Fellowships

Please enter the requested information, then print for the executive officer(s) (the department and/or unit head[s]) to sign. Please **include a scan** of the *signed* form with your application for a TDMH Fellowship.

APPLICANT INFORMATION:

Name: _____ Rank: _____

INDICATE THE DEPARTMENT/UNIT(S) FROM WHICH YOU ARE SEEKING APPROVAL:

Department/Unit	Appointment %

EXECUTIVE OFFICER APPROVAL OF FELLOWSHIP TERMS:

I support this application and am committed to releasing this faculty member for two courses in AY 2019-20 if an IPRH TDMH Fellowship is awarded to him/her, according to the following terms:

- How the course release is taken (1-1,0-2,2-0) is to be determined by the awardee *in consultation* with the relevant Unit Head(s), balancing the exigencies of the proposed study plan with the curricular needs of the home unit(s).
- The faculty member will not be released from the direction of dissertations during the release time period.
- The home unit(s) will be compensated a total of \$16,000 (\$8,000 per course) in Ledger 2 funds for the release of the faculty member's time. In the case of faculty members with two or more percentage appointments, these funds will be distributed in accordance with which department(s) hold(s) the course assignments.
- The two-course release must all be taken during the 2019-20 academic year.
- I understand that in addition to completing the planned course of study and participating in co-curricular TDMH activities, the faculty member will be performing reporting and assessment duties, and will be required to help organize and participate in a summer 2021 conference.
- The faculty member may not hold other concurrent campus release-time awards or external fellowships (including summer stipends) during the course of the 2019-20 fellowship year.

(Over for signatures)

EXECUTIVE OFFICER APPROVAL SIGNATURE(S):

Department/Unit Name: _____

Executive Officer Name: _____

Executive Officer Signature

Date

Second Department/Unit Name *(if applicable)*: _____

Executive Officer Name: _____

Executive Officer Signature

Date

Third Department/Unit Name *(if applicable)*: _____

Executive Officer Name: _____

Executive Officer Signature

Date