Rock Ethics Institute 2024–2025 Faculty Fellowship Application Cover Sheet

First Name: Last Name:		ame:
PSU ID:	Email:	Phone:
Rank:	Department:	
Department Head:		
Associate Dean/Appropriate	Administrator:	
Title of Research Fellowship	Project:	
Preferred Semester(s) for Co	ourse Release:	
This proposal meets the Roc	k Ethics Institute Faculty Fello	wship guidelines to the best of my knowledge.
Applicant's Signature:		Date:
application for a Rock Ethic		24–2025 academic year for the applicant if their is successful. I understand that the Rock Ethics to compensate for releases.
Department Head's Signatur	re:	Date:
Associate Dean/Appropriate	Administrator's Signature:	Date:
Application Checklist: Cover Sheet Project Abstract (100 w Project Description (2,0 Abbreviated CV (5 page	00 words or less, single spaced)

Please email all these materials in a single PDF to rockethics@psu.edu by November 1, 2023.