



Project Information Form

Project Title: _____

Topic Name and AFRL Sponsor: _____

University: _____

Student: _____

Preferred Contact Information

Mailing Address:

Phone: _____ Email: _____

Faculty: _____

Preferred Contact Information

Mailing Address:

Phone: _____ Email: _____

Desired start date for fellowship: Provide a specific date. This does not have to coincide with the official summer or fall term start date at your institution unless required by the institution. *This date will be used as the fellowship start date in the Grant Agreement with your university.*

Fellowship Start Date: _____

Anticipated start date for research at AFRL (may or may not coincide with fellowship start date): _____

Briefly outline the faculty plan for on-site AFRL and off-site participation in the research: