



Provost's Initiative Faculty Fellowship  
Humanities Institute at Stony Brook  
2025-2026 Fellowship Year Application Cover Sheet



**Applicant Information:**

Name \_\_\_\_\_ Rank/Position \_\_\_\_\_

Department \_\_\_\_\_ Campus Address \_\_\_\_\_ 4 Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Proposed Semester-in-Residence  Fall 2025  Spring 2026

**Chair Information, Leave and Full Course-load Release Approval:**

Chair Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Project Title:**

\_\_\_\_\_  
\_\_\_\_\_

**Recommendation Letters:**

SBU LOR Name \_\_\_\_\_ Dept \_\_\_\_\_

E-mail \_\_\_\_\_

Non-SBU LOR Name \_\_\_\_\_

Dept/Institution \_\_\_\_\_

E-mail \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_