

Affiliated Postdoctoral Fellow/Graduate Student Sponsoring Faculty Form

EMPL ID (if applicable)

The University of Texas at San Antonio

If this is a Postdoctoral Fellowship or a Competitive Graduate Student Fellowship that is valued at a total of \$10,000 or more annually complete this form and attach it along with the POI form to the eForm.

_____ Date

Please Print or Type

Postdoctoral Fellow/Graduate Student

_____ Last Name First Name Middle Name

_____ E-mail address for the Postdoctoral Fellow/Graduate Student

_____ Department or College

_____ Name or Type of Fellowship Yearly Amount of Fellowship

Sponsorship

Begin Date of Fellowship Sponsorship

End Date of Fellowship Sponsorship

_____ Name of Sponsoring Faculty Member

_____ Sponsor EMPL ID

X

_____ Signature of Sponsoring Faculty Member

_____ Date

Department

_____ Contact Name

_____ Contact Phone

_____ Contact E-mail Address

This form must be included with the [Person of Interest form](#)