



**Air Force  
Summer Faculty Fellowship Program  
Administered by:  
Systems Plus, Inc.**



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**FACULTY ACCEPTANCE FORM SUMMER PROGRAM**

I hereby accept this appointment to the Air Force Summer Faculty Fellowship Program.

By accepting this appointment, I acknowledge the following:

- I am a citizen or permanent resident of the United States.
- I am currently a full-time faculty member of an accredited baccalaureate-granting U.S. college, university, or technical institution.
- I hold a Ph.D. in Science, Mathematics, or an Air Force relevant Engineering discipline.
- I will not receive additional stipend, scholarship, or fellowship payments from other federal funding sources during the tenure of this appointment.
- I will conduct my research on site at the designated Air Force facility.
- I will be subject to a personnel security review and approved access to unclassified government information. If the results of the personnel security investigation are unfavorable and/or I do not receive interim or final approval to access the required government systems, I will not be retained with the AF SFFP.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE EMAIL SIGNED AND COMPLETED FORM IN PDF FORMAT TO:**

afsffp.pmo@sysplus.com