



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



OFFICIAL START DATE FORM

To be submitted after participant has arrived at the Air Force research facility.

Participant's name: _____

Participant's signature: _____

Sponsoring lab and location: _____

Air Force lab advisor's name: _____

Air Force lab advisor's signature: _____

Official start date: _____

Number of weeks: _____

PLEASE UPLOAD SIGNED AND COMPLETED FORM TO YOUR AFRL SFFP ONLINE ACCOUNT

(<https://applyafrlsffp.sysplus.com/>)