



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



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 RETURN SIGNED AND COMPLETED FORM IN PDF FORMAT TO:

Systems Plus, Inc.

AFSFFP Program

afsffp.pmo@sysplus.com