



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



**GRADUATE STUDENT 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 graduate student pursuing either a master's degree or a Ph.D.
- I am enrolled in graduate school for the semester following the AF SFFP.
- 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 not conduct research prior to my professor's arrival, nor will I continue to conduct research after my professor's departure from the 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.

Please fill out the following table regarding your **past** and **current** education experience:

Name of Institution(s)	Start Date	End Date	Degree
1.			
2.			
3.			

Faculty fellow's name: _____
 Graduate student's printed name: _____
 Graduate student's signature: _____
 Date: _____

PLEASE RETURN SIGNED AND COMPLETED FORM AS A PDF FILE TO:

Systems Plus, Inc.
 AFSFFP Program
afsffp.pmo@sysplus.com