



**Air Force
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: _____

Air Force head of lab's name: _____

Air Force head of lab's signature: _____

Official start date: _____

Number of weeks: _____

PLEASE RETURN SIGNED AND COMPLETED FORM IN PDF FORMAT TO:

Systems Plus, Inc.

AFSFFP Program

afsffp.pmo@sysplus.com