

Signature Page

2010-11

Luce
Fellowships

Name of Applicant _____

Title of Project _____

Institution _____

Period of leave _____

(at least twelve consecutive months during the academic year 2010-11 or calendar year 2011)

The school (or accredited department) recognizes the applicant named above as a full-time member of its faculty and agrees that if selected by The Association of Theological Schools to be a **Henry Luce III Fellow in Theology**, he or she will be released from regular duties for the period described above to devote full-time research to the proposed research project, and that the salary, housing, and benefit amounts listed on the applicant's budget are correct.

Signature of academic dean/chief administrative officer _____

Type or print name of authorized signatory _____

School _____

Date _____

Send this page to: *Stephen R. Graham*
The Association of Theological Schools
10 Summit Park Drive
Pittsburgh, PA 15275-1110
Phone: 412-788-6505, ext. 251

**The deadline for receipt in the ATS office
is December 1, 2009.**