**2015-2016 CAREER Academy**

Attestations and Endorsements

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant Information** | | | | | | | |
| First Name |  | | Last Name | |  | | |
| Title |  | | | | | | |
| School |  | | | | | | |
| Department |  | | | | | | |
| Email |  | | | Work Phone | |  | |
| **Participant Attestation** | | | | | | | |
| By signing below, I agree, if selected, to participate fully in the 2015-2016 CAREER Academy activities. This includes cohort meetings (approximately one per month), peer review of proposals, Mock panel reviews, individual meetings with facilitators, and work with my mentor. I agree to work towards the development of an NSF CAREER proposal for submission in July 2016 ☐ July 2017 ☐ (select). I agree to provide feedback for evaluating this program. | | | | | | | |
| Participant Signature | |  | | | | Date |  |
| **Participant’s Departmental Endorsement** | | | | | | | |
| By signing below, my department agrees to support the above named researcher’s participation in the 2015-2016 CAREER Academy with release time (as appropriate) and provide evaluative feedback to the program. | | | | | | | |
| Chair/Designee Signature | |  | | | | Date |  |
| Chair Name (print) | |  | | | | | |
| Email | |  | | Work Phone | |  | |
| **Mentor Information** | | | | | | | |
| First Name |  | | Last Name | |  | | |
| Title |  | | | | | | |
| School |  | | | | | | |
| Department |  | | | | | | |
| Email |  | | | Work Phone | |  | |
| **Mentor Attestation** | | | | | | | |
| By signing below, I agree, if selected, to participate in the 2015-2016 CAREER Academy activities by providing scientific mentorship. This includes reviewing CAREER proposal drafts, helping prepare the mentee for peer and Mock panel reviews, and providing individualized guidance to my mentee (e.g. connecting him/her to professional networks and resources, etc.) in preparation for a planned NSF CAREER proposal submission by the above listed date. I agree to provide feedback for evaluating this program. I understand that I will receive $300.00 in a departmental account for my active participation. | | | | | | | |
| Mentor Signature | |  | | | | Date |  |
| **Mentor’s Departmental Endorsement** | | | | | | | |
| By signing below, my department agrees to support the above named mentor’s participation in the 2015-2016 CAREER Academy. | | | | | | | |
| Chair/Designee Signature | |  | | | | Date |  |
| Chair Name (print) | |  | | | | | |
| Email | |  | | Work Phone | |  | |

Complete and sign this form, and save as a PDF. Upload it and your biographical sketch to your on-line 2015-2016 CAREER Academy Application Form. All documents must be received by **5:00pm on June 15, 2015**. **Questions?** Contact Jessica Venable at [jcvenable@vcu.edu](mailto:jcvenable@vcu.edu) or 827-1443.