# Arthur B. McDonald Fellowships
## Institution certification of applicant

| Name of applicant (family name, given name): | Host institution: |
|---|---|
| | |

**Eligibility**
Provide details about the applicant's first independent academic position and total length of eligible delays in research or period(s) of inactivity since starting the position.
For more information on eligibility, see Who can apply?

| Start date (mm/dd/yyyy) | Position title | Institution | Total length of delays (months) |
|---|---|---|---|
| | | | |

**Teaching and administrative relief**
Describe how the institution will fully relieve the applicant of these responsibilities while they hold the award.

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**Applicant selection**
Describe the process used to identify and select applicants at the institution. For more information, see Application process

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In signing this form, I, _____ (printed name of executive head of the institution), certify that the applicant is eligible and that the institution supports the consideration of the applicant for an Arthur B. McDonald Fellowship.

| | |
|---|---|
| **Institutional official signature:** | |
| **Title:** | |
| **Date:** | |



The information collected on this form will be stored in the Personal Information Bank for the appropriate program.