This form must be completed by the graduate student and submitted as part of your fellowship application in the Grad Rebel Gateway by Dec. 1 in order to be considered for the Summer Doctoral Research Fellowship Program.

Student Information

First and Last Name:

First semester/year enrolled in your current graduate program:

Anticipated graduation (semester/year):

Please check all the milestones below that are completed:

☐ All required coursework
☐ Comprehensive exams
☐ Preliminary exams
☐ Dissertation prospectus/proposal
☐ Defense of dissertation prospectus/proposal

Please explain the research, scholarship, or creative activity you will do this summer if awarded this Fellowship: (300 words or less)
Please explain how this fellowship will impact your degree progression and anticipated graduation: (300 words or less)

Student Signature

By signing below, I certify that all information on this application is accurate, and I agree to the terms and conditions of the Summer Doctoral Research Fellowship Program.

________________________________________
Student signature (type name)