

	Advanced Student Fellowship Application Coversheet
Date:	
Which fellowship is th	his application for?
Student Full Name:	
Emory Email:	
Program:	
Empl/Student ID:	
When did you start	graduate studies at Emory (enter month/year)?
When did you ente	r candidacy (enter month/year)? (<i>if you are not in candidacy, enter N/A</i>)
lf you have had an	official leave of absence, please indicate how many semesters:
Please list the pers	on(s) who will provide letter(s) of recommendation for this application:
Dissertation (If you ha	ave not yet started a dissertation project, enter N/A)
Committee Chair(s):
Anticipated comple	tion date (enter month/year):

Support Information

(a) Counting this year, how many years of Laney Graduate School financial support have you received? (select one)

(b) Are you supported by PI funding? (select one) If you answered "No," proceed to (c). If you answered "Yes," you need to consult with your advisor and Director of Graduate Studies, to make sure that receiving this fellowship would fall within the funding guidelines of your program as well as the effort certification requirements of your funding source. Your advisor and DGS should sign below, signifying that you have discussed these issues, and that they approve of this application.

Advisor Name:

For GDBBS: Director Name: For Others: DGS Name:

(c) Have you received any other advanced student fellowship from Emory? (select one) If so, which one?

(d) Please list any other funding you have applied for, or will apply for, to support your dissertation work. For each, please list the source, the amount and the status of the application (e.g., "pending" or "due February 15")

Source	Amount	Status	