UNITED STATES DEPARTMENT OF AGRICULTURE COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

Fellowships/Scholarships Entry/Exit Form APPOINTMENT INFORMATION

Institution:	Grant Numi	Grant Number:		Date:			
Project Director:	Telephone:	e: FAX:		E-mail:			
Fellow/Scholar Name and Permanent Address:	Sex: Male Female Citizenship: 9USA or permanen resident 9Other (specify)	Race: (Check all that and an	llaskan Native erican		Phispanic or Latino Not Hispanic or Latino Disability Status:		
Degree Sought: 9AS/AA	9BS/BA 9D	OVM 9Master's	9 Doctorate		2165 2140		
Declared Major:		Minor:					
Date Enrolled: (mm/dd/yyyy)							
Official Stipend Dates:							
Began (mm/dd/yyyy)							
Permanently Terminated (mm/dd	/уууу):						
SCHOLAR Previous Academic Background		FELLOW Previous Academic Background					
High Sch	ool		Baccalaureate	e Degre	ee		
Institution Name:		Institution Name:					
Year Graduated:		Major:		Minor:			
Associate I	Degree	Number of Credits (Indi	Number of Credits (Indicate Semester or Quarter System):				
Institution Name:		Year Graduated:					
Major:	Minor:	Overall GPA (4.0 Syste	em):				
Number of Credits (Indicate Seme	ster or Quarter System):		Master's D	egree			
Year Graduated:		Institution Name:					
Overall GPA (4.0 system):		Major:		Minor:			
Baccalaureate	Number of Credits (Indicate Semester or Quarter System):						
Institution Name:		Year Graduated:					
Major:	Minor:	Overall GPA (4.0 System):					
Number of Credits (Indicate Semester or Quarter System):		Master's Thesis Title:					
Year Graduated:	· · · · · · · · · · · · · · · · · · ·		DVM Deg	ree			
Overall GPA (4.0 system):		Institution Name:					
Transfer or Oth	Major: Minor:						
Institution Name:	Number of Credits (Indi	Number of Credits (Indicate Semester or Quarter System):					
Major:	Year Graduated:						
Number of Credits (Indicate Seme	ster or Quarter System):	Overall GPA (4.0 Syste	em):				
College Admission Scores (d	complete all that apply):	Grad	luate School Adr	nission	Scores:		
ACT Composite:				CDE	Other		
SAT Verbal:				GRE	Other		
SAT Math:			Verbal				
Other Score:			Analytical				
Other Seere			Ouantitativa				

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0524-0039. The time required to complete this information collection is estimated to average 3.00 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Fellowships/Scholarships Entry/Exit Form ANNUAL UPDATE

Scholar/Fellow Nam	ie:			Grant No:		Date:
Degree Sought:	9 AS/AA	9 BS/BA	9 DVM	9 Master's	9 Doctorate	
	SCHO			FELLOWS		
Academic Level:		9 Sophom	ore	Current GPA of Fellow while on USDA Stipend:		
	9 Junior, Se	nior 9 Grad	uate Student	Graduate Major		_ Overall:
GPA of Scholar while		end Support:		Graduate Major:		
Overall:				Specialization:		
Major:				Collateral:		
Minor: Other:				Thesis/Dissertation Topic:		
Other.					•	
	_	port Provided USDA Stipend				
		ount	Period Covered	Additional Institution	on Financial Support F	Provided:
Stipend				9 Teaching Assi	stantship	9 Research Assistantship
Scholarship				9 Grant to Supp	ort Research Costs	9 Scholarship
Tuition Waiver				9 Other (Explain	n):	
Housing Waiver						
Loan				Comments:		
Work Study						
Other Support						
Explain Other Support:						
Academic Accomplish Honors/Awards receive				on graduate research):	
TIONOLS/AWAIUS TECEIV	ou wille ill tile	, program (16x				

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Fellowships/Scholarship Entry/Exit Form

EXIT INFORMATION

SCHOLAR/FELLOW	Current D	ate:	Grant Number:		
Name:	Permaner	ntly Terminated: (mm/dd/yyyy)			
E-mail: Phone Number:	1. 9Deg Fil 2. 9Stip 3. 9Acco So 4. 9Trar 5. 9Trar Na 6. 9With 7. 9Disr	Reason Fellowship/Scholarship Support Permanently Terminated: 1. 9Degree Granted Date: Final GPA: Major Overall 2. 9Stipend Eligibility Expired: Reason: 3. 9Accepted Alternative Support Source: Amount: 4. 9Transferred to Another Program/Changed Major to: 5. 9Transferred to Another Institution Name of Other Institution: 6. 9 Withdrew From School 7. 9Dismissed for: Disciplinary Reasons Academic Reasons 8. 9Other Explain:			
Future Plans (complete all that apply): Continue Education After Completion					
Potential Employer		Estimated Annual Salary \$ \$			
Pursue Employment with			_ · _		
To be completed by Project Director - I	Describe the Value and Impact o	f the Program on Your Campus:			

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