

**Fellowships/Scholarships Entry/Exit Form  
 APPOINTMENT INFORMATION**

<b>Institution:</b>		<b>Grant Number:</b>		<b>Date:</b>	
<b>Project Director:</b>		<b>Telephone:</b>	<b>FAX:</b>	<b>E-mail:</b>	
<b>Fellow/Scholar Name and Permanent Address:</b>	<b>Sex:</b> <input checked="" type="radio"/> Male <input checked="" type="radio"/> Female	<b>Race: (Check all that apply)</b> <input checked="" type="radio"/> American Indian or Alaskan Native <input checked="" type="radio"/> Black or African American <input checked="" type="radio"/> Asian <input checked="" type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White		<b>Ethnicity:</b> <input checked="" type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	
	<b>Citizenship:</b> <input checked="" type="radio"/> USA or permanent resident <input checked="" type="radio"/> Other (specify)			<b>Disability Status:</b> <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Degree Sought:</b> <input checked="" type="radio"/> AS/AA <input checked="" type="radio"/> BS/BA <input checked="" type="radio"/> DVM <input checked="" type="radio"/> Master's <input checked="" type="radio"/> Doctorate					
<b>Declared Major:</b>			<b>Minor:</b>		
<b>Date Enrolled: (mm/dd/yyyy)</b>					
<b>Official Stipend Dates:</b>					
Began (mm/dd/yyyy)					
Permanently Terminated (mm/dd/yyyy):					

<b>SCHOLAR</b>	
Previous Academic Background	
<b>High School</b>	
Institution Name:	
Year Graduated:	
<b>Associate Degree</b>	
Institution Name:	
Major:	Minor:
Number of Credits (Indicate Semester or Quarter System):	
Year Graduated:	
Overall GPA (4.0 system):	
<b>Baccalaureate Degree</b>	
Institution Name:	
Major:	Minor:
Number of Credits (Indicate Semester or Quarter System):	
Year Graduated:	
Overall GPA (4.0 system):	
<b>Transfer or Other Credits</b>	
Institution Name:	
Major:	Minor:
Number of Credits (Indicate Semester or Quarter System):	
<b>College Admission Scores (complete all that apply):</b>	
ACT Composite:	
SAT Verbal:	
SAT Math:	
Other Score:	
Other Score:	

<b>FELLOW</b>		
Previous Academic Background		
<b>Baccalaureate Degree</b>		
Institution Name:		
Major:		Minor:
Number of Credits (Indicate Semester or Quarter System):		
Year Graduated:		
Overall GPA (4.0 System):		
<b>Master's Degree</b>		
Institution Name:		
Major:		Minor:
Number of Credits (Indicate Semester or Quarter System):		
Year Graduated:		
Overall GPA (4.0 System):		
Master's Thesis Title:		
<b>DVM Degree</b>		
Institution Name:		
Major:		Minor:
Number of Credits (Indicate Semester or Quarter System):		
Year Graduated:		
Overall GPA (4.0 System):		
<b>Graduate School Admission Scores:</b>		
	<b>GRE</b>	<b>Other</b>
Verbal		
Analytical		
Quantitative		

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