

U.S. ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460
EPA FELLOWSHIP TERMINATION NOTICE

DATE OF THIS NOTICE:	FELLOWSHIP NUMBER	TERMINATION DATE	TYPE OF FELLOWSHIP
----------------------	-------------------	------------------	--------------------

TO:	INSTRUCTIONS: This form should be completed immediately after termination of fellowship tenure. Please return to: U.S. Environmental Protection Agency Grants Administration Division Grants Operations Branch Washington, DC 20460
-----	--

NAME OF FELLOW	INSTITUTION
----------------	-------------

Your Fellowship terminates on the date indicated above. To complete our files, please provide the following information and two reprints of any publication of work done under the fellowship, when available.

MAILING ADDRESS AFTER TERMINATION OF FELLOWSHIP (Future address changes appreciated)	DEGREE SOUGHT (Ph.D., M.S., None)
	DATE RECEIVED OR EXPECTED

REMARKS (Provide any constructive criticism or advice from you and your sponsor that would enable us to improve the operation of the EPA Fellowships program. Use otherwise or additional sheet, if necessary.)

CERTIFICATION

This is to certify that the individual named above terminated his fellowship activities at the above named institution on the date indicated below.

DATE TERMINATED	SIGNATURE OF SPONSOR OR AUTHORIZED OFFICIAL	TITLE
-----------------	---	-------