

Fellowships/Scholarships Entry/Exit Form
APPOINTMENT INFORMATION

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

SCHOLAR	FELLOW															
Previous Academic Background	Previous Academic Background															
High School	Baccalaureate Degree															
Institution Name:	Institution Name:															
Year Graduated:	Major: Minor:															
Associate Degree	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 Degree															
Year Graduated:	Institution Name:															
Overall GPA (4.0 system):	Major: Minor:															
Baccalaureate Degree	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 Degree															
Overall GPA (4.0 system):	Institution Name:															
Transfer or Other Credits	Major: Minor:															
Institution Name:	Number of Credits (Indicate Semester or Quarter System):															
Major: Minor:	Year Graduated:															
Number of Credits (Indicate Semester or Quarter System):	Overall GPA (4.0 System):															
College Admission Scores (complete all that apply):	Graduate School Admission Scores:															
ACT Composite:	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">GRE</td> <td style="width: 25%; text-align: center;">Other</td> </tr> <tr> <td>SAT Verbal:</td> <td></td> <td></td> </tr> <tr> <td>SAT Math:</td> <td style="text-align: center;">Verbal</td> <td></td> </tr> <tr> <td>Other Score:</td> <td style="text-align: center;">Analytical</td> <td></td> </tr> <tr> <td>Other Score:</td> <td style="text-align: center;">Quantitative</td> <td></td> </tr> </table>		GRE	Other	SAT Verbal:			SAT Math:	Verbal		Other Score:	Analytical		Other Score:	Quantitative	
		GRE	Other													
SAT Verbal:																
SAT Math:		Verbal														
Other Score:	Analytical															
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Other Score:																

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.

Fellowships/Scholarships Entry/Exit Form
ANNUAL UPDATE

Scholar/Fellow Name: _____			Grant No: _____		Date: _____	
Degree Sought: <input type="checkbox"/> AS/AA <input type="checkbox"/> BS/BA <input type="checkbox"/> DVM			<input type="checkbox"/> Master's		<input type="checkbox"/> Doctorate	
SCHOLARS			FELLOWS			
Academic Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore			Current GPA of Fellow while on USDA Stipend:			
<input type="checkbox"/> Junior, Senior <input type="checkbox"/> Graduate Student			Graduate Major: _____ Overall: _____			
GPA of Scholar while on USDA Stipend Support:			Graduate Major:			
Overall: _____			Specialization: _____			
Major: _____			Collateral: _____			
Minor: _____			Thesis/Dissertation Topic: _____			
Other: _____						
Institutional Financial Support Provided to Scholar in Addition to USDA Stipend						
		Amount	Period Covered			
Stipend						
Scholarship						
Tuition Waiver						
Housing Waiver						
Loan						
Work Study						
Other Support						
Explain Other Support:						
Additional Institution Financial Support Provided:						
<input type="checkbox"/> Teaching Assistantship			<input type="checkbox"/> Research Assistantship			
<input type="checkbox"/> Grant to Support Research Costs			<input type="checkbox"/> Scholarship			
<input type="checkbox"/> Other (Explain): _____						
Comments: _____						
Academic Accomplishments (Fellows should include publications based on graduate research):						
Honors/Awards received while in the program (Text):						

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Fellowships/Scholarship Entry/Exit Form

EXIT INFORMATION

SCHOLAR/FELLOW	Current Date: _____	Grant Number: _____
Name: _____	Permanently Terminated: (mm/dd/yyyy) _____	
Address: _____ _____ _____ _____	Reason Fellowship/Scholarship Support Permanently Terminated:	
E-mail: _____	1. <input checked="" type="radio"/> Degree Granted -- Date: _____ Final GPA: Major _____ Overall _____	
Phone Number: _____	2. <input checked="" type="radio"/> Stipend Eligibility Expired: -- Reason: _____	
	3. <input checked="" type="radio"/> Accepted Alternative Support -- Source: _____ Amount: _____	
	4. <input checked="" type="radio"/> Transferred to Another Program/Changed Major to: _____	
	5. <input checked="" type="radio"/> Transferred to Another Institution -- Name of Other Institution: _____	
	6. <input checked="" type="radio"/> Withdrew From School	
	7. <input checked="" type="radio"/> Dismissed for: _____ Disciplinary Reasons _____ Academic Reasons	
	8. <input checked="" type="radio"/> Other -- Explain: _____	

Future Plans (complete all that apply):

Continue Education After Completion of Current Degree Program by Pursuing the Following:
 Doctorate Degree Post-Doctorate Study Research Associateship/Traineeship

Employment Interviews:

Potential Employer	Position Discussed	Estimated Annual Salary	Job Offer
_____	_____	\$ _____	<input checked="" type="radio"/> No <input checked="" type="radio"/> Yes ___ Accepted ___ Declined
_____	_____	\$ _____	<input checked="" type="radio"/> No <input checked="" type="radio"/> Yes ___ Accepted ___ Declined
_____	_____	\$ _____	<input checked="" type="radio"/> No <input checked="" type="radio"/> Yes ___ Accepted ___ Declined

Pursue Employment with _____ (type of business/organization)

To be completed by Project Director - Describe the Value and Impact of the Program on Your Campus:

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