

Dissertation Completion Fellowship

College of Agriculture and Natural Resources

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Name:							GPA:					
PID: OASA will complete						Department: Major Professor: Yes If yes, for which semester?						
E-mail:												
Have you applied for a DCF											_	
Funding Needs: Tuition Health insurance Stipend			How many credits?						-			
Expected Other Support: Assistantship Fellowship Hourly. # of hours: Other: (specify)			☐ ½4	□ ½	□ 3/4	Continue Continue	ntinue if receive DCF? ntinue if receive DCF? ntinue if receive DCF? ntinue if receive DCF?		☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No		
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