



5. Hourly rate? \_\_\_\_\_  
Or, if paid a flat sum for employment, how much will it be? \_\_\_\_\_

6. Comments:

7. Name: \_\_\_\_\_ Fellowship: \_\_\_\_\_  
Address: \_\_\_\_\_ Fellowship Stipend Amount: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E- mail: \_\_\_\_\_

\_\_\_\_\_  
Fellow's Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_ I give permission to hold the job or internship as described above.  
Should your situation change to a different placement, another  
request must be submitted.

\_\_\_\_\_ I do not approve. You must notify this office within two weeks of  
the date of the signature below as to whether you plan to resign the  
fellowship (stipend and /or tuition award) and continue work or  
terminate employment and continue the fellowship. Until the  
situation is resolved, no further stipend payments will be made.

\_\_\_\_\_  
Awarding Office Dean or Director  
Title \_\_\_\_\_  
Office \_\_\_\_\_

\_\_\_\_\_  
Date