



# Dissertation Completion Fellowship

College of Agriculture and Natural Resources

## General Information:

Name: \_\_\_\_\_ GPA: \_\_\_\_\_  
 PID: OASA will complete Department: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Major Professor: \_\_\_\_\_

Have you applied for a DCF previously?  No  Yes If yes, for which semester? \_\_\_\_\_

## Funding Needs:

Tuition How many credits? \_\_\_\_\_  
 Health insurance  
 Stipend

## Expected Other Support:

Assistantship  1/4  1/2  3/4 Continue if receive DCF?  Yes  No  
 Fellowship Continue if receive DCF?  Yes  No  
 Hourly. # of hours: \_\_\_\_\_ Continue if receive DCF?  Yes  No  
 Other: (specify) \_\_\_\_\_ Continue if receive DCF?  Yes  No

## Dissertation Progress

	<u>Data Collected</u>	<u>Data Analyzed</u>	<u>First Draft Written</u>	<u>Draft Submitted</u>	<u>Under Review, Revision</u>	<u>Complete &amp; Approved</u>	<u>Submitted for Publication</u>	<u>Published</u>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of comp exams: \_\_\_\_\_ Date of dissertation defense: (if scheduled) \_\_\_\_\_

Student's Self Assessment of ability to submit dissertation to Graduate School by end of semester:

Low 1  2  3  4  5  6  7  8  9  10 High

Major Professor's Assessment of student's ability to submit dissertation by end of semester:

Low 1  2  3  4  5  6  7  8  9  10 High

## Signatures:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Major Professor