JACOB K. JAVITS FELLOWSHIP PROGRAM OMB No. 1840-0752 FINAL PERFORMANCE REPORT

Section I: Grantee Information			
Grant Number:			
Institution Name:			
Address:			
City:			
State:			
Zip:			
Program Coordinator:			
Telephone Number:			
Fax Number:			
E-mail Address:			

Total Number of Jacob K. Javits fellowships originally awarded to the grantee institution in FY XXXX:

Fiscal Data

Please enter data for each budget period and the budget for the project period.

	Budget Period 1 FY XXXX	Budget Period 2 FY XXXX	Budget Period 3 FY XXXX	Budget Period 4 FY XXXX	Total Budget for Project Period FY XXXX-XXXX
Federal Funds Awarded:					\$0
Federal Funds Expended:					\$0

Section II: Individual Student Data

Please enter the requested data for each individual Javits fellow. If you have more than one fellow, please copy this worksheet by right-clicking on the tab below that says "Sec 2" and selecting "Move or Copy." Then, check the box that says "Create a copy" and select "move to end." Then click "OK." Do this as many times as necessary to create a sheet for each fellow.

General Information					
Fellow's Name:					
	Last name, First name				
Fellow's Gender:	Male:	Female:			
Ethnicity:					
Hispanic or Latin	10				
Not Hispanic or I	Latino				
Race:					
American Indian	or Alaska Native				
Asian					
Black or African	American				
Native Hawaiian	or other Pacific Islander				
White					

Program of Study

Fellow's Discipline (please select from the following approved fields of study):

Anthropology	History
Archaeology	Less Commonly Taught Languages
Area Studies	Linguistics
Art History	Music
Classics	Non-American History
Communications and Media	Philosophy
Comparative Literature	Political Science
Creative Writing	Psychology
Criminology	Public Policy and Administration
Economics	Religion
English	Sociology
Ethnic and Cultural Studies	Speech, Rhetoric and Debate
Folklore, Folk Life	Studio Arts
Foreign Language	Theater Arts
Geography	TV, Film and Cinematography
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Terminal Degree Sought:

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What	is the fellow's current	education status?			
		et advanced to Ph.D. candidacy nary exams and advanced to Ph.D. candidacy			
	If fellow has receiv	red Ph.D., please specify the month and year of graduation:			
	Month:	Year:			
	Has withdrawn from his/her academic program prior to graduation Other (Please specify in comment box below)				

Comments:

If the fellow was employed part-time while receiving Javits fellowship funding, please indicate the type of employment:

Research Assistant
Teaching Assistant
Other (please specify):
Not Applicable

How does the fellow plan to finance his/her remaining graduate study if the Javits fellowship funding ended before the date of graduation?

Fellowship
 Scholarship
 Research Assistantship
Teaching Assistantship
Student Loans
Employment (full-time or part-time)
Other (please specify):

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Is the fellow's post-graduate employment in a field that relates directly to his/her academic field of study, as funded by the Javits fellowship?

Yes
 No
 Not yet graduated
 Graduated; not yet found employment
Unknown

Where did the fellow find employment after graduation (check all that apply)?

Institution of higher education
Other educational institution
Federal, state or local government
Community-based/Non-profit organization
Research organization
Private Sector
International employment
Continued post-graduate study
Other (please specify):
Not Applicable (not yet graduated; not yet found employment)
Unknown
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Start Date of Graduate Study:	
Start Date of Javits Fellowship:	
End Date of Javits Fellowship:	
Total Years of Javits Fellowship Funding:	
Total Years of Graduate Study:	

Fellow's Stipend and Financial Need

Financial need is determined each year on the basis of the requirements for need analysis prescribed by Title IV, Part F of the Higher Education Act of 1965, as amended. Please consult your institution's financial aid office for information or questions regarding the determination of financial need.

Please report the fellow's stipend, as determined by his/her financial need, for each budget period of the grant (Note: please indicate the stipend amount received by the student in that budget period; this may differ from the amount of stipend funding actually awarded by the Javits Fellowship Program to the institution for that fellow during the budget period, due to carry over of unused funds):

Budget Period 1 (FY XXXX):
Budget Period 2 (FY XXXX):
Budget Period 3 (FY XXXX):
Budget Period 4 (FY XXXX):
Total for Project Period:

		\$0

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Total Federal Funding

Please indicate the total amount of Javits fellowship funding received by your institution in each budget period for this fellow. In the "Stipend" column, please do not include funds carried over from previous years. Include only the funds awarded to you in that fiscal year/budget period.

Budget Period	Stipend	Institutional Payment	Total
1 (FY XXXX)			\$0
2 (FY XXXX)			\$0
3 (FY XXXX)			\$0
4 (FY XXXX)			\$0
TOTAL:	\$0	\$0	\$0

DISCLOSURE OF BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are 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 1840-0752 and the expiration date is xx/xx/xx. The time required to complete this information collection is estimated to average 6 hours per response, including the time to review instructions, search existing data resources, gather needed data, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate (s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: The Jacob K. Javits Fellowship Program, U.S. Department of Education, 1990 K Street, N.W., Washington, DC 20006-8521.