

Form Approved
OMB No. 1840-0781
Expiration Date: XX/XX/XXXX

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF POSTSECONDARY EDUCATION

JACOB K. JAVITS ANNUAL STUDENT ACTIVITIES REPORT [INSERT FISCAL YEAR]

Instructions: For [insert year] Cohort Javits fellows funded from September 1, [insert year] through August 31, [insert year], please enter all of the information requested below.

1) Student's Name:		
,	First Name	Last Name
2) Mailing Address:	;	
Current Mailing Ac	ldress:	
Permanent Mailing	Address:	
3		
3) E-Mail Address:		
<i>5)</i> = 1.2011 12011 0000		
4) Race:		ın Indian or Alaska Native
	Asian	
		African American
		Iawaiian or Other Pacific Islander
	White	
5) Ethnicity:	Hispanio	c or Latino
	-	panic or Latino

Gender:	_ Female	N	Tale		
Institution Name:					
Year and term you enter	red institution's	graduate progr	am:		
Year	Term	(i.e., Fall Term/	Spring Term	n)	
) Please select one of the orogram that you are purs	-		he graduate (degree	
Degree Program:	2-year MFA (Master of Fine Arts) degree3-year MFA (Master of Fine Arts) degreePhD				
0) Please indicate your cu for either the <i>MFA Deg</i>				cable status	
MFA:	Comple	eted 1st Year Co eted 2nd Year C eted Thesis/Port	Coursework	nance or	
PhD:		d but not yet ad preliminary exa		-	
1) Your Expected Date of	Graduation: _	Month	ı	Year	
2) Total Number of Years	You Received J	Javits Funds: _			
.3) Describe the research a you have participated d			r other activi	ties in which	
14) Please provide specific publications that you ha	-			and	

indicate the type of employme	ent:
Please discuss briefly your par	t-time work experience.
· ·	Study, please indicate the purpose of the ctivities in which you participated.
	als and employment plans upon earning your
degree.	
18) Have you submitted the FAFS year? Yes No	A for the [insert year] – [insert year] academic
19) Please explain the impact that decision to enter graduate scho	receiving a Javits fellowship had upon your ool:

	the impact that receiving a Javits fellowship had upon your
choice of acade	mic area at your institution:
21) At the time you offers?	ı were awarded a Javits fellowship, did you have other fellowshi
Yes	No
If "Ves" nless	e specify which offers you had below:
11 Tes, pieas	e specify which offers you had below.
	plain what made you decide to accept the Javits fellowship fellowship offers:
<u>-</u>	-

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 1840-0781 and the expiration date is XX/XX/XXXXX. The time required to complete this information collection is estimated to average 3 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.