UNITED STATES DEPARTMENT OF AGRICULTURE
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

OMB Approved 0524-0039

Fellowships/Scholarships Entry/Exit Form

APPOINTMENT INFORMATION

Institution:	**Grant Number:**	**Date:**

Project Director:	**Telephone:**	**FAX:**	**E-mail:**

Fellow/Scholar Name and Permanent Address:	**Sex:** ☐ Male ☐ Female **Citizenship:** ☐ USA or permanent resident ☐ Other (specify)	**Race: (Check all that apply)** ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White	**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino **Disability Status:** ☐ Yes ☐ No

Degree Sought: ☐ AS/AA ☐ BS/BA ☐ DVM ☐ Master's ✓ Doctorate

Declared Major: **Minor:**

Date Enrolled: (mm/dd/yyyy)

Official Stipend Dates:

Began (mm/dd/yyyy)

Permanently Terminated (mm/dd/yyyy):

SCHOLAR

Previous Academic Background

High School

Institution Name:

Year Graduated:

Associate Degree

Institution Name:

Major: Minor:

Number of Credits (Indicate Semester or Quarter System):

Year Graduated:

Overall GPA (4.0 system):

Baccalaureate Degree

Institution Name: University of Maryland

Major: Minor:

Number of Credits (Indicate Semester or Quarter System):

Year Graduated:

Overall GPA (4.0 system):

Transfer or Other Credits

Institution Name:

Major: Minor:

Number of Credits (Indicate Semester or Quarter System):

College Admission Scores (complete all that apply):

ACT Composite:

SAT Verbal:

SAT Math:

Other Score:

Other Score:

FELLOW

Previous Academic Background

Baccalaureate Degree

Institution Name:

Major: Minor:

Number of Credits (Indicate Semester or Quarter System):

Year Graduated:

Overall GPA (4.0 System):

Master's Degree

Institution Name:

Major: Minor:

Number of Credits (Indicate Semester or Quarter System):

Year Graduated:

Overall GPA (4.0 System):

Master's Thesis Title:

DVM Degree

Institution Name:

Major: Minor:

Number of Credits (Indicate Semester or Quarter System):

Year Graduated:

Overall GPA (4.0 System):

Graduate School Admission Scores:

	GRE	**Other**
Verbal		
Analytical		
Quantitative		

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0524-0039. The time required to complete this information collection is estimated to average 3.00 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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ANNUAL UPDATE

Scholar/Fellow Name: _____ **Grant No:** _____ **Date:**

Degree Sought: ☐ AS/AA ☐ BS/BA ☐ DVM ☐ Master's ☐ Doctorate

SCHOLARS

Academic Level: ☐ Freshman ☐ Sophomore ☐ Junior, Senior ☐ Graduate Student

GPA of Scholar while on USDA Stipend Support:

Overall:
Major:
Minor:
Other: _____

Institutional Financial Support Provided to Scholar in Addition to USDA Stipend

	Amount	Period Covered
Stipend		
Scholarship		
Tuition Waiver		
Housing Waiver		
Loan		
Work Study		
Other Support		

Explain Other Support:

FELLOWS

Current GPA of Fellow while on USDA Stipend:

Graduate Major: _____ Overall:

Graduate Major:

Specialization:

Collateral:

Thesis/Dissertation Topic:

Additional Institution Financial Support Provided:

☐ Teaching Assistantship ☐ Research Assistantship

☐ Grant to Support Research Costs ☐ Scholarship

☐ Other (Explain):

Comments:

Academic Accomplishments (Fellows should include publications based on graduate research):

Honors/Awards received while in the program (Text):

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EXIT INFORMATION

SCHOLAR/FELLOW	Current Date:	Grant Number:
Name:	**Permanently Terminated:** (mm/dd/yyyy)	
Address:	**Reason Fellowship/Scholarship Support Permanently Terminated:** 1. ☐ Degree Granted -- Date: Final GPA: Major_____ Overall 2. ☐ Stipend Eligibility Expired: -- Reason: 3. ☐ Accepted Alternative Support -- Source:_____ Amount: 4. ☐ Transferred to Another Program/Changed Major to: 5. ☐ Transferred to Another Institution -- Name of Other Institution: 6. ☐ Withdrew From School 7. ☐ Dismissed for: _____ Disciplinary Reasons _____ Academic Reasons 8. ☐ Other -- Explain:	
E-mail:		
Phone Number:		

Future Plans (complete all that apply):

☐ Continue Education After Completion of Current Degree Program by Pursuing the Following:

☐ Doctorate Degree ☐ Post-Doctorate Study ☐ Research Associateship/Traineeship

☐ Employment Interviews:

Potential Employer	Position Discussed	Estimated Annual Salary	Job Offer
_____	_____	$_____	☐ No ☐ Yes___ Accepted___ Declined
_____	_____	$_____	☐ No ☐ Yes___ Accepted___ Declined
_____	_____	$_____	☐ No ☐ Yes___ Accepted___ Declined

☐ Pursue Employment with _____ (type of business/organization)

To be completed by Project Director - Describe the Value and Impact of the Program on Your Campus:

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