

**Fellowships/Scholarships Entry/Exit Form  
 APPOINTMENT INFORMATION**

<b>Institution:</b>		<b>Grant Number:</b>		<b>Date:</b>	
<b>Project Director:</b>		<b>Telephone:</b>	<b>FAX:</b>	<b>E-mail:</b>	
<b>Fellow/Scholar Name and Permanent Address:</b>		<b>Sex:</b> <input checked="" type="radio"/> Male <input checked="" type="radio"/> Female		<b>Race: (Check all that apply)</b>	
		<b>Citizenship:</b> <input checked="" type="radio"/> USA or permanent resident <input checked="" type="radio"/> Other (specify)		<input checked="" type="radio"/> American Indian or Alaskan Native <input checked="" type="radio"/> Black or African American <input checked="" type="radio"/> Asian <input checked="" type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White	
				<b>Ethnicity:</b>	
				<input checked="" type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	
				<b>Disability Status:</b>	
				<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Degree Sought:</b> <input checked="" type="radio"/> AS/AA <input checked="" type="radio"/> BS/BA <input checked="" type="radio"/> DVM <input checked="" type="radio"/> Master's <input checked="" type="radio"/> Doctorate					
<b>Declared Major:</b>			<b>Minor:</b>		
<b>Date Enrolled: (mm/dd/yyyy)</b>					
<b>Official Stipend Dates:</b>					
Began (mm/dd/yyyy)					
Permanently Terminated (mm/dd/yyyy):					

<b>SCHOLAR</b>	
<b>Previous Academic Background</b>	
<b>High School</b>	
Institution Name:	
Year Graduated:	
<b>Associate Degree</b>	
Institution Name:	
Major:	Minor:
Number of Credits (Indicate Semester or Quarter System):	
Year Graduated:	
Overall GPA (4.0 system):	
<b>Baccalaureate Degree</b>	
Institution Name:	
Major:	Minor:
Number of Credits (Indicate Semester or Quarter System):	
Year Graduated:	
Overall GPA (4.0 system):	
<b>Transfer or Other Credits</b>	
Institution Name:	
Major:	Minor:
Number of Credits (Indicate Semester or Quarter System):	
<b>College Admission Scores (complete all that apply):</b>	
ACT Composite:	
SAT Verbal:	
SAT Math:	
Other Score:	
Other Score:	

<b>FELLOW</b>		
<b>Previous Academic Background</b>		
<b>Baccalaureate Degree</b>		
Institution Name:		
Major:	Minor:	
Number of Credits (Indicate Semester or Quarter System):		
Year Graduated:		
Overall GPA (4.0 System):		
<b>Master's Degree</b>		
Institution Name:		
Major:	Minor:	
Number of Credits (Indicate Semester or Quarter System):		
Year Graduated:		
Overall GPA (4.0 System):		
Master's Thesis Title:		
<b>DVM Degree</b>		
Institution Name:		
Major:	Minor:	
Number of Credits (Indicate Semester or Quarter System):		
Year Graduated:		
Overall GPA (4.0 System):		
<b>Graduate School Admission Scores:</b>		
	<b>GRE</b>	<b>Other</b>
	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.

**Fellowships/Scholarships Entry/Exit Form**  
**ANNUAL UPDATE**

<b>Scholar/Fellow Name:</b> _____			<b>Grant No:</b> _____		<b>Date:</b> _____	
<b>Degree Sought:</b> <input type="radio"/> AS/AA <input type="radio"/> BS/BA <input type="radio"/> DVM			<input type="radio"/> Master's		<input type="radio"/> Doctorate	
<b>SCHOLARS</b>			<b>FELLOWS</b>			
<b>Academic Level:</b> <input type="radio"/> Freshman <input type="radio"/> Sophomore			<b>Current GPA of Fellow while on USDA Stipend:</b>			
<input type="radio"/> Junior, Senior <input type="radio"/> Graduate Student			Graduate Major: _____ Overall: _____			
<b>GPA of Scholar while on USDA Stipend Support:</b>			<b>Graduate Major:</b>			
Overall: _____			Specialization: _____			
Major: _____			Collateral: _____			
Minor: _____			Thesis/Dissertation Topic: _____			
Other: _____						
<b>Institutional Financial Support Provided to Scholar in Addition to USDA Stipend</b>						
	<b>Amount</b>	<b>Period Covered</b>		<b>Additional Institution Financial Support Provided:</b>		
Stipend				<input type="radio"/> Teaching Assistantship <input type="radio"/> Research Assistantship		
Scholarship				<input type="radio"/> Grant to Support Research Costs <input type="radio"/> Scholarship		
Tuition Waiver				<input type="radio"/> Other (Explain): _____		
Housing Waiver				Comments: _____		
Loan						
Work Study						
Other Support						
Explain Other Support: _____						
<b>Academic Accomplishments (Fellows should include publications based on graduate research):</b>						
<b>Honors/Awards received while in the program (Text):</b>						

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## Fellowships/Scholarship Entry/Exit Form

### EXIT INFORMATION

<b>SCHOLAR/FELLOW</b>	<b>Current Date:</b> _____	<b>Grant Number:</b> _____
<b>Name:</b> _____	<b>Permanently Terminated:</b> (mm/dd/yyyy) _____	
<b>Address:</b> _____	<b>Reason Fellowship/Scholarship Support Permanently Terminated:</b>	
_____	1. <input checked="" type="checkbox"/> Degree Granted -- Date: _____	
_____	Final GPA: Major _____ Overall _____	
_____	2. <input checked="" type="checkbox"/> Stipend Eligibility Expired: -- Reason: _____	
_____	3. <input checked="" type="checkbox"/> Accepted Alternative Support --	
_____	Source: _____ Amount: _____	
_____	4. <input checked="" type="checkbox"/> Transferred to Another Program/Changed Major to: _____	
<b>E-mail:</b> _____	5. <input checked="" type="checkbox"/> Transferred to Another Institution --	
<b>Phone Number:</b> _____	Name of Other Institution: _____	
	6. <input checked="" type="checkbox"/> Withdrew From School	
	7. <input checked="" type="checkbox"/> Dismissed for: _____ Disciplinary Reasons _____ Academic Reasons	
	8. <input checked="" type="checkbox"/> Other -- Explain: _____	
<b>Future Plans (complete all that apply):</b>		
<input checked="" type="checkbox"/> Continue Education After Completion of Current Degree Program by Pursuing the Following:		
<input checked="" type="checkbox"/> Doctorate Degree <input checked="" type="checkbox"/> Post-Doctorate Study <input checked="" type="checkbox"/> Research Associateship/Traineeship		
<input checked="" type="checkbox"/> Employment Interviews:		
Potential Employer	Position Discussed	Estimated Annual Salary      Job Offer
_____	_____	\$ _____ <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes ___ Accepted ___ Declined
_____	_____	\$ _____ <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes ___ Accepted ___ Declined
_____	_____	\$ _____ <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes ___ Accepted ___ Declined
<input checked="" type="checkbox"/> Pursue Employment with _____ (type of business/organization)		
<b>To be completed by Project Director - Describe the Value and Impact of the Program on Your Campus:</b>		

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