

Research Fellowship Agreement
Graduate Group in Linguistics, University of Pennsylvania

Student: _____

Social Security Number (last four digits): XXXX - XXX - _____

Start Date: _____ End Date: _____

Project Supervisor: _____

Brief Description of Project: _____

Funding Source: _____

Budget Number: _____

Student Financial Support Provided:

___ Stipend in the amount of \$ _____ per year / month

___ Full Tuition and Fees

___ Health Insurance (for Student only)

___ Other: _____

The Student is expected to work an average of 15–20 hours on this project, with specific duties as directed by the Project Supervisor. The Fellowship is contingent on satisfactory academic performance, enrollment, and availability of funds. Any change in student status must be reported immediately to the Graduate Coordinator. No additional funding may be accepted by the Student for the period of this Agreement without the written approval of the Graduate Chair.

This form should be submitted to the Graduate Coordinator with the following signatures.

Student: _____ Date: _____

Supervisor: _____ Date: _____

Graduate Chair: _____ Date: _____