



Dissertation Completion Fellowship

College of Agriculture and Natural Resources

General Information:

Name: _____ E-mail: _____
 Department: _____ GPA: _____
 Major Advisor: _____ Advisor E-mail: _____

Have you applied for a DCF previously? No Yes If yes, for which semester? _____

Funding Needs:

Tuition How many credits? _____
 Health insurance
 Stipend

Expected Other Support:

Assistantship 1/4 1/2 3/4 Continue if receive DCF? Yes No
 Fellowship Continue if receive DCF? Yes No
 Hourly. # of hours: _____ Continue if receive DCF? Yes No
 Other: (specify) _____ Continue if receive DCF? Yes No

Dissertation Progress

	<u>Data Collected</u>	<u>Data Analyzed</u>	<u>First Draft Written</u>	<u>Draft Submitted</u>	<u>Under Review, Revision</u>	<u>Complete & Approved</u>	<u>Submitted for Publication</u>	<u>Published</u>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of comp exams: _____ Date of dissertation defense: (if scheduled) _____

Student's Self-Assessment of ability to submit dissertation to Graduate School by end of semester:

Low 1 2 3 4 5 6 7 8 9 10 High

Major Professor's Assessment of student's ability to submit dissertation by end of semester:

Low 1 2 3 4 5 6 7 8 9 10 High

Signatures:

Student

Major Professor