EMERGENCY FELLOWSHIP FUNDING APPLICATION

Instructions on https://grad.msu.edu/emergency-fellowship-funding. Completed forms should be emailed to the Graduate School at fellowshipapps@grd.msu.edu

Date: _____

US. Citizen (●) Yes ( ) No

Permanent Resident ( ) Yes (●) No

International Student ( ) Yes (●) No

If no, Country of Origin _____

Ethnicity (optional) _____

Current Graduate Program Enrollment: ( ) Doctoral ( ) Masters ( ) Professional Medical/Law

Current Graduate GPA _____

If you have federal financial aid, please consult the Office of Financial Aid to find out what the impact that this award would have on your aid package.

Student Name: _____ Last 4 digits of PID: _____

Mailing Address: _____

Phone: _____ Email: @msu.edu

Department and/or Program: College of Music College: College of Music

Graduate Program Assistant Name and Email: Anne Simon musgrad@msu.edu

I certify that the above student is making satisfactory progress towards a graduate degree.

_____ _____ _____

Major Professor *Signature of Major Professor* *Date*

SHARED FUNDING AND ENDORSEMENT

A signature is required below from the major professor, the department/program unit, and the college. IMPORTANT NOTE: A financial contribution from the major professor, department/program unit and/or college is highly encouraged to accompany an emergency funding fellowship application. In the exceptional circumstance that a financial contribution is not possible from any of these sources, a brief statement of explanation from the graduate assistant/ associate dean must accompany the application for further consideration.

			TOTAL EXPENSES	**1**	$
Funding Provider	**Name and email address**	**Signature**	**Account #**		**Amount from Provider**
Major Professor	@msu.edu			**2**	
Department / Program / Unit	Derrick Fox c/o musgrad@msu.edu			**3**	0
College	Derrick Fox c/o musgrad@msu.edu			**4**	
Office for International Students and Scholars	N/A			**5**	0
International students must have signature from OISS, email the form to oisshelp@msu.edu					
Other (specify)	N/A			**6**	
			TOTAL FROM FUNDING PROVIDERS (Add lines 2-5)	**7**	$ 0.00
			Funds Requested from the Graduate School (Required)	**8**	$

Revised 9/2024

Amount Approved: _____ Disapproved: _____

Statement of Explanation from the Graduate Assistant/Associate Dean

* ***Students do not write in this box.***