



MISSISSIPPI
SPACE GRANT
CONSORTIUM

Graduate Research Fellowships

Check appropriate category: New submission Renewal Second Renewal

I. GENERAL INFORMATION

Name: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Permanent home mailing address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Telephone: _____ Cell Phone: _____

Mississippi Space Grant Institution will attend: (as Fellow) _____

Target degree: MS Ph.D. Field of Study: _____

If you are not currently pursuing a Ph.D. do you plan to pursue one in the future? yes no

If yes, briefly describe plans: _____

Have you completed your Ph.D. exams? yes no

Date completed: _____ University: _____

Undergraduate Institution:

Major(s): _____ Minor(s): _____

GPA: _____ on a scale of: _____

Target Degree: _____ Expected Completion Date: _____

Graduate Institution (if applicable):

Major(s): _____ Minor(s): _____

Target Degrees: _____ Expected Completion Date: _____

GPA: _____ on a scale of: _____

II. FACULTY ADVISOR INFORMATION

Faculty Advisor: _____ Title: _____

Department/Division: _____

Complete Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail: _____

III. RESEARCH ABSTRACT

Provide a short summary in the space provided below of the objectives of your research and plan of study together with the methodology to be used. *Note: A complete description needs to be included as part of the application package.*

IV. LETTER OF INTEREST

Submit a short letter explaining why you are interested in this Fellowship. This letter must specifically address your interest in the K-12 component, what you hope to gain from this component, any applicable experience, and how it may help you in the future.

V. CERTIFICATION

I certify that I am a citizen of the United States and am or will be a full-time student at one of the eight Mississippi Space Grant Colleges. I will comply with the MSSGC reporting and administrative requirements.

Signature of Student: _____ Date: _____

I certify that I will serve as the student's advisor and will supervise his/her research, as well as fully comply with the MSSGC Fellowship reporting and administrative requirements. I am aware of and approve the fellowship's requirement that the student must spend 10 hours per week on educational outreach activities in a local school.

Signature of Advisor: _____ Date: _____

Telephone: _____ E-mail: _____

I certify that I have reviewed the student's application and indicate endorsement by signing below:

Signature of Department Chair: _____ Date: _____

Telephone: _____ E-mail: _____

Complete Address: _____

City: _____ State: _____ ZIP: _____