



**Request for Holders of  
Full Fellowships and Assistantships  
For Permission to Accept Employment**

*Return completed form to:  
Fellowship Coordinator  
501 Carnell Hall  
1803 N. Broad St.  
Phila., PA 19122  
Fax 215-204-8781*

Students who hold full Graduate School Fellowships or Assistantships may not hold full or part-time employment or accept any other awards without the prior approval of the Dean of the Graduate School.

**STUDENT INFORMATION**

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I.

Current Address \_\_\_\_\_  
Street City State Zip

Home Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Degree \_\_\_\_\_

School/College \_\_\_\_\_ Program \_\_\_\_\_

**Fellowships**

- ☐ Presidential Fellowship  
☐ University Fellowship  
☐ Future Faculty Fellowship  
☐ Dissertation/Project Completion Grant

**Assistantships**

- ☐ Teaching Assistant  
☐ Research Assistant  
☐ Graduate Assistant

**Signatures**

Student \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Advisor \_\_\_\_\_ Campus Phone \_\_\_\_\_ email \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Graduate Chair \_\_\_\_\_ Campus Phone \_\_\_\_\_ email \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

College Assoc/Asst Dean \_\_\_\_\_ Campus Phone \_\_\_\_\_ email \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**GRADUATE SCHOOL DEAN'S DECISION**

Approved \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions: Please attach one page only in which you detail the conditions of proposed employment and supporting rationale. You will be notified of the outcome of your request.**

**FOR ADMINISTRATIVE USE ONLY**

**Copies**

- ☐ Student ☐ Payroll  
☐ Advisor ☐ Fellowship Coordinator