

**THE DAYTON AREA GRADUATE STUDIES INSTITUTE (DAGSI)
AFRL/DAGSI OHIO STUDENT-FACULTY FELLOWSHIP
ACCEPTANCE, AGREEMENT, AND CERTIFICATION**

Student Name

Faculty Name

University

University

Highest degree held as of Fall Term 2017 BS _____ MS _____ (check one)
Degree program enrollment for Fall Term 2017 MS _____ PhD _____ (check one)

Proposal Title

Topic Number

AFRL Sponsor

We accept this award by The Dayton Area Graduate Studies Institute payable within the next year starting in the Summer or Fall Term 2017.

The one-year award from DAGSI is a maximum of \$52,260 for a Ph.D. student or \$44,130 for a Masters student. Required cost share and award categories should adhere to the proposed budget and follow the guidelines on the DAGSI web site at http://www.dagsi.org/pages/osrfp_proinfoereg.html under "The Award." If the cost share source is AFRL via the AFRL/DAGSI Cooperative Agreement, this award is contingent upon the funds being formally obligated by AFRL to the Agreement. DAGSI must approve changes to the proposed budget. A university official will be required to sign a letter of confirmation at the end of the fellowship year that the cost share commitment was kept. Tuition payment made by DAGSI is subject to the guidelines on our web site for the DAGSI fellowship and competitive scholarship programs. Overhead at the off-campus rate of (maximum) 26% will apply to all but tuition. At your institution's discretion, faculty fringe benefits may be allocated from within the maximum stipend amount or added by the university/department as cost share. Student fringe benefits may not be allocated from within the required stipend (minimum of \$24,500 for a Ph.D. student or \$19,000 for a Masters student).

I, _____ (Student Name) understand and certify that in accepting and subsequently receiving this fellowship, I must remain a full-time graduate student in good standing and that I must abide by the rules, regulations, and all other requirements of my University, the Dayton Area Graduate Studies Institute (DAGSI), and the Air Force Research Laboratory, in order to remain eligible for AFRL/DAGSI fellowship support. I will not be employed full-time outside the university during the tenure of the award.

We further agree that we are responsible for the payment of all federal or other taxes that may be due as a consequence of accepting this fellowship.

Student Signature

Date

Faculty Signature

Date

We, _____ and _____, cannot accept this fellowship for the following reason:

Student Signature

Date

Faculty Signature

Date