

SIGNATURE FORM

This form must be completed by your research or faculty advisor. Also, if you have indicated on your form any of the following sources of support:

- Faculty support via research funding
- Another scholarship or fellowship
- Employment

this form must be signed by a department head, Dean, VP, or Sponsored Programs official who can confirm that the sources of support indicated are true and accurate.

Student name _____

Home Institution _____

Research or Faculty Advisor

I certify that, to the best of my knowledge, all information provided by the DAGSI assistantship student on his/her Sources of Support form and in the Research Plan is true and accurate. I have reviewed and approved the Research Plan.

Name _____

Title/rank _____

Signature _____ Date _____

- Check here if you have committed to financial support of the student beyond his/her two years of DAGSI support

If the box is checked, please initial the following statement.

I agree to support the above-named student for the remainder of his/her graduate program, once the DAGSI scholarship has expired. Funding already is identified, or the probability of funding is high enough that I am secure in my commitment of support. _____ (initials)

University Official

I certify that, to the best of my knowledge, all information provided by the DAGSI assistantship student on his/her Sources of Support form is true and accurate and all information provided by the research or faculty advisor on this Signature Form is true and accurate. If the faculty advisor has committed to support of the student, I verify that the funds are available or, based on proposals submitted and the faculty's track record with securing research funding, I am confident in the faculty's ability to support the student.

Name _____

Title _____

Signature _____ Date _____