

Check List for New Fellowships: *Incomplete forms will NOT be accepted*

Revised 11/1/06

Name _____

OSU ID#: _____

Stipend Mailing Address: *Address changes must be reported to OPAA*

Street _____

Is the fellow signed up for Direct Deposit? Yes

City _____ State _____ Zip _____

No

Home Telephone: _____ Campus Telephone: _____

E-mail Address: _____

Student information: *Please mark all the appropriate choices.*

Is the student currently registered at OSU?:

What department? _____

Department contact: _____

Phone number: _____

The student is receiving other federal money.

If yes, from what source and how much? _____

Please check one box from each column:

Graduate student

U.S. Citizen

Undergraduate

Non U.S. Citizen / with other status

Post-Doc

VISA type: _____

Non-resident alien

VISA type: _____

For Sponsoring Department Use Only

Stipends to be paid.

If yes, start date _____ end date _____ amount \$ _____

Tuition to be paid.

If yes, for which terms _____

Fees to be paid

If yes, for which terms _____

Index charged to pay stipends/tuition/fees _____

Time frame this award covers (date award starts and expires) _____

Please e-mail, fax, or send completed form to:

Lisa Silbernagel, Office of Post Award Administration, 306 Kerr Administration Bldg, OSU, Corvallis, OR 97331

Telephone: (541) 737-9585 Fax:(541) 737-2069 e-mail: lisa.silbernagel@oregonstate.edu