FINANCE DEPARTMENT

PH.D. RESEARCH FELLOWSHIP

MATRICULATION YEAR - 2ND 3RD 4TH 5TH 6TH
FALL ____________ SPRING ____________ YEAR _______

NAME: ________________________________  PENN ID# ________________

NAME OF PROFESSOR: ________________________________

PLEASE COMPLETE A BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES BELOW:
________________________________________________________
________________________________________________________
________________________________________________________

Finance Research Fellowship Criteria is based on a full semester at 10 hours per week.

PROPORTION OF FELLOWSHIP COMPLETED _____  PROJECT STATUS: _______

RESEARCH FELLOW: ________________________________  DATE __________

PROFESSOR SIGNATURE: ________________________________  DATE ______

PROFESSOR COMMENTS - __________________________________________

PhD COORDINATOR SIGNATURE: ___________________________DATE ______