



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 _____