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 ____________