

*SLCL Dissertation Completion
Cover Sheet*

Student Information

Last Name _____ First Name _____ Middle Initial ____

UIN _____ Email _____

Date prelims passed _____ Date Started Ph.D Program _____

Anticipated Date of Defense _____

Department Information

Department _____

Fellowship Support

Prior Fellowship Support _____

Dissertation Information

Dissertation Title _____

Please provide an abstract of your dissertation (Max. 300 words):

If selected, I agree to abide by the terms of the fellowship.