## FORM A

## APPLICATION FOR THE MSU/SPENCER RTG FELLOWSHIP

| Name:                             |                       |   |  |
|-----------------------------------|-----------------------|---|--|
|                                   | First                 | Middle  | Last   |
| Address:                          |                       |   |  |
|                                   | <br>City              | State   | Zip  |
| Telephone:                        | •                     |   | •  |
| E-Mail:                           |                       |   |  |
| Doctoral Progra                   | ım:                   |   |  |
| Department:                       |                       |   |  |
| Date of First En (month/year):    | nrollment             |   |  |
| Date of Expects<br>Graduation (mo |                       |   |  |
| Number of Cou                     | urse Credits Complete | ed in Your Doctoral Program a                                     | t End of Spring Semester:  |
| Number of Cou                     | ırse Credits Required | to Complete Your Doctoral Pr                                      | rogram:  |
| If awarded a fel                  | llowship, will you be | a full-time student? Yes  | No   |
| Name of your r                    | major faculty adviso  | r:  | -  |
|                                   |                       |   | propose? If so, please list their names                                |
|                                   |                       |   | (e.g., educational psychology, literacy, educational                   |
| The title of your                 | r proposed research p | orogram:  |  |
|                                   |                       | n in this application package is<br>this application may be cause | complete and accurate. I understand that for canceling the Fellowship. |
| Applicant'                        | s Signature           |   | Date   |