



Southwestern Ohio Council for Higher Education

Project Title: _____

Topic Name and AFRL Sponsor: _____

University: _____

Student: *Preferred Contact Information*

Mailing Address:

Phone: _____ Email: _____

Faculty: *Preferred Contact Information*

Mailing Address:

Phone: _____ Email: _____

Desired start date for fellowship: Provide a specific date. This does not have to coincide with the official summer or fall term start date at your institution unless required by the institution. You must start no later than 10/1/2021. *This date will be used as the fellowship start date in the Grant Agreement with your university.*

Fellowship Start Date: _____

Program of study as of Fall Term 2021 (select one): MS PhD

Highest degree in hand as of Fall Term 2021 (select one): BS MS

Anticipated start date for research at AFRL (may or may not coincide with fellowship start date): _____

Briefly outline the faculty plan for on-site AFRL and off-site participation in the research: