

**THE DEFENSE ASSOCIATED GRADUATE STUDENT INNOVATORS (DAGSI)
AFRL/DAGSI STUDENT-FACULTY FELLOWSHIP
ACCEPTANCE, AGREEMENT, AND CERTIFICATION**

Student Name

Faculty Name

University

University

Highest degree held as of Fall Term 2021 BS _____ MS _____ (check one)
Degree program enrollment for Fall Term 2021 MS _____ PhD _____ (check one)

Proposal Title

Topic Number

AFRL Sponsor

We accept this award by The Defense Associated Graduate Student Innovators.

I, _____ understand and certify that in accepting and subsequently receiving this fellowship, I must remain a full-time graduate student in good standing and that I must abide by the rules, regulations, and all other requirements of my University, the Defense Associated Graduate Student Innovators (DAGSI), and the Air Force Research Laboratory, in order to remain eligible for AFRL/DAGSI fellowship support. I will not be employed full-time outside the university during the tenure of the award.

We further agree that we are responsible for the payment of all federal or other taxes that may be due as a consequence of accepting this fellowship.

Student Signature

Date

Faculty Signature

Date

We, _____ and _____, cannot accept this fellowship for the following reason:

Student Signature

Date

Faculty Signature

Date