

## FELLOWSHIP APPOINTMENT DATA FORM

Fellowship Type:  Presidential  Moore

Person Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mr.  Ms.  Mrs.  Dr.  Male  Female

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Ethnicity: \_\_\_\_\_  
(see Ethnicity Codes at right)

Is the fellow an international student?  Yes  No

If yes, please check your visa type: F1 F2 J1 J2 H1B OTHER \_\_\_\_\_

Ethnicity Code
01 - Black
02 - Hispanic
03 - Puerto Rican
04 - Alaskan/American Indian
05 - Asian/Pacific
07 - White
08 - Other
09 - Unknown

**NOTE: International students receiving Presidential or Moore fellowships will also be required to submit the [Nonresident alien scholarship/fellowship voucher form](#) and the [Request for scholarship/fellowship payment to a nonresident alien form](#) to 408 Capen Hall along with this form.**

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

### DEPARTMENTAL INFORMATION:

Academic Department: \_\_\_\_\_ Faculty/School \_\_\_\_\_

TA/GA Appointing Department: \_\_\_\_\_  
(If different) (Please attach a copy of the student's Personnel Transaction form if available)

Checksort Code: \_\_\_\_\_ Amount to be paid by Graduate School \$ \_\_\_\_\_

Graduate School Cost of Education Allowance\* \$ \_\_\_\_\_

Amount to be paid by appointing department \$ \_\_\_\_\_

Total amount of award \$ \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Dean Signature: \_\_\_\_\_

### FOR GRADUATE SCHOOL USE ONLY:

Award Amount: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_ Account Number: \_\_\_\_\_

Pay Period Begin: \_\_\_\_\_ Pay Period End: \_\_\_\_\_

\*Available for select Nursing, Management and all Roswell Park Students. Note: These students must apply for reimbursement to the Graduate School for these funds by the end of the academic year.