

## Ivan Doig Center Summer Dissertation Fellowship Cover Sheet

Applicant's Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

MSU Home Department: \_\_\_\_\_

Date of passing Comprehensive/Qualifying Exams: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Dissertation Title and Abstract (max 300 words):

*Signature of Committee Chair indicating approval of application and verification that applicant is making significant progress on the dissertation:*

Committee Chair (Printed): \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_