**DEPARTMENT OF CLASSICS**

**DEPARTMENTAL GRADUATE SUMMER FELLOWSHIP 2019-2020**

**APPLICATION FORM**

NAME (print):

* I have completed \_\_\_ terms in the Department
* I have successfully completed \_\_\_\_ required courses in the department.
* I took/will take the PhD Preliminary Examination in \_\_\_\_\_\_

If funded, I agree to submit a brief description of my activities by the beginning of the fall term of 2020.

SIGNATURE:

DATE:

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APPROVAL OF DGS/ DISSERTATION DIRECTOR

SIGNATURE:

DATE: