

Administrative Fellowship Application Form

Name		Department	
Position		Date of Hire	

Degree Pursuing	<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	Discipline/Concentration: _____
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Educational Institution:	
Address:	

Please describe the job-relatedness of this degree program and how it will enhance your contributions to Bryant:

Please detail the number of courses needed to achieve degree along with a timeline for completion as well as a description of how you plan to maintain your current position duties and responsibilities:

Please list courses completed to date for this degree program:			
Course Title	Course Number	Number of Credits	Final Grade

Courses taken under Bryant Fellowship Agreement:				
Course Title	Course Number	Number of Credits	Tuition	Final Grade

Signature of Applicant: _____ Date: _____

Approved by:

Department Head: _____ Date: _____

Divisional Vice President: _____ Date: _____

Human Resources: _____ Date: _____

Note to Applicant: By signing this Administrative Fellowship Application, it is understood and agreed by both you and the University that the approval of your participation in the program is premised upon and contingent upon your express representation that the degree program will enhance your value and contribution in your current role, and that you intend to remain an employee of the University for a minimum of one year following completion of the degree program. If, during your participation in the program or within one-year of receipt of degree, you decide for whatever reason to terminate your employment with the University, you agree to provide the University with immediate written notice of such decision and to repay the University the full amount of tuition assistance provided under the Bryant Fellowship Program in accordance with the Fellowship Approval Memorandum.