

1800 K St. NW Suite 900  
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# The GEM Consortium

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## SCHEDULE FOR FINAL TERM OF FUNDING FOR GEM FELLOW – Ph. D. PROGRAM

TO GEM FELLOW: It is your responsibility to complete this sheet and return it to your GEM representative within *one week* after the first day of class.

GEM school: \_\_\_\_\_ Student's Dept.: \_\_\_\_\_

Name of GEM Fellow: \_\_\_\_\_

Local Address: \_\_\_\_\_  
(Address including city, state, zip code)

Local (Area Code) & Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Address including city, state, zip code)

Permanent (Area Code) & Phone \_\_\_\_\_

Advisor's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Course schedule for this term is: Fall \_\_\_\_ Winter \_\_\_\_ Spring \_\_\_\_

2. **Projected** date of completion: \_\_\_\_\_

### GEM FELLOWS ARE EXPECTED TO TAKE A MINIMUM OF 9-12 CREDIT HOURS OF COURSES APPLICABLE TO THE DEGREE REQUIREMENTS

Dept. & No.	Course Title	Credit Hours

Signed by: GEM Fellow: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

GEM Representative: \_\_\_\_\_ Date: \_\_\_\_\_