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The GEM Consortium

Preliminary Schedule for Beginning Funds for GEM Masters Fellow - Quarters

TO GEM FELLOW: You are **REQUIRED** to complete this form in its **entirety** and return it to your GEM Rep. within *one week* after the first day of class.

GEM school: _____ Student's Dept.: _____

Name of GEM Fellow: _____

Local Address: _____
(Include City, State, Zip Code)

Local Area Code & Phone Number: _____ E-mail Address: _____

Permanent Address: _____
(Include City, State, Zip Code)

Permanent Area Code & Phone Number: _____

Academic advisor's name: _____ E-Mail: _____

I am working toward the degree of _____ in _____
(Major)

The number of credit hours required for the degree is: _____

GEM financial aid will terminate at the end of _____

Anticipated date for completing master's requirements: _____

Course Schedule: (see reverse side) (*You must list planned courses for all terms listed on the reverse side*).

****GEM fellows are expected to take at least 9-12 credit hours of courses applicable to the master's degree requirements and will be financially supported by GEM for no more than four quarters. Students enrolled in GEM schools with a one-year program which can be completed in three (3) quarters are expected to complete the degree requirements in that time frame.**

To GEM Representative: To ensure an expeditious return of your payment request, please make sure this form is completed in full and a copy of the student's current registration form is attached.

Preliminary Program Schedule By Quarters

Department & Number	Course Title	Credit Hours
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

Signed by: GEM Fellow: _____ Date: _____
Academic Advisor: _____ Date: _____
GEM Representative: _____ Date: _____