

# DEPARTMENT OF MECHANICAL ENGINEERING

UNIVERSITY OF CALIFORNIA - BERKELEY

\*\*\*\*\*

## APPLICATION FOR NON-RESIDENT TUITION FELLOWSHIP

Preliminary Examination Term:  Year:  Major Field Area:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Major Field Advisor:  Research Advisor:

Will you have a fellowship, scholarship, grant-in-aid, salary or financial assistance of any kind from a government or from any source during the academic year?  YES  NO

Source of Financial Assistance:

If YES, please specify:

Beginning of Tenure:  Year:  End of Tenure:  Year:

If NO, please do not complete this section.

I certify that the above statements are correct as of this date and agree to notify the Student Services Office of the Department of Mechanical Engineering of any subsequent changes in my financial status. If awarded a Non-Resident Tuition Fellowship, I agree to enroll in a full program of study.

Signature:

Date:

### APPOINTMENT INFORMATION

Hiring Unit:  Type of Appointment:  P.I.:

Contact Person:  Phone Number:  Email:

Semester/Year:  Initials of hiring unit personnel responsible for GSR title code changes: