Approval expires: 04/2012 OMB Control No. 2030-0020

U.S. ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

Form Approved
OMB No. 2030-0020

FELLOWSHIP FACILITIES AND COMMITMENT STATEMENT

INSTRUCTIONS

Applicant must complete Items 1 through 5 and then forward form to sponsor for his completion. The sponsor should complete the remainder of the form and forward it in the enclosed self-addressed envelope. Applicant must affix necessary postage.

TO BE COMPLETED BY APPLICANT

1. Applicant's Name	2. Department
3. School, College, or other Major Division	4. Institution

5. Type of Fellowship

☐Agency ☐Special ☐Full Time ☐Part Time

TO BE COMPLETED BY SPONSOR

This certifies that if a fellowship, as checked below, is awarded adequate facilities and supervision will be provided.

6. Applicant is a degree candidate ☐Yes ☐No	7. Candidate would normally be expected to complete Requirements for a _____ degree by (month and year): _____

8. ALLOWANCES (See 40 CFR 46.110)	9. TITLE AND FULL-INSTITUTIONAL ADDRESS OF APPROPRIATE FINANCIAL OFFICIAL TO WHOM CHECK SHOULD BE MAILED	10. DOES PROPOSED FELLOWSHIP INVOLVE WORK WITH HUMAN SUBJECTS OR EXPERIMENTAL ANIMALS? ☐Yes ☐No
Annual Tuition Costs (Per credit hour, if applicable)		
Fees Per Year		

11. COMMENTS OF SPONSOR

a. Summarize your plans for applicant's training including information which will assist in the evaluation of applicant. This proposed training and facilities available to him. Include projection of course schedule providing course number, title, and credit hours to be taken. (Use continuation pages if necessary).

b. If you are the program director of an EPA Training Grant, state what relationship this fellowship (If awarded will have to that program. (Use continuation page if necessary).

12. Sponsor's Signature	13. Typed Name	14. Area Code/Tel. No	15. Date

TO BE COMPLETED BY INDIVIDUAL AUTHORIZED TO COMMIT THE INSTITUTION

16. Signature	17. Typed Name	18. Area Code/Tel No.	19. Date