This document has been archived.

NATIONAL SCIENCE FOUNDATION
4201 WILSON BOULEVARD
ARLINGTON, VA 22230

FELLOWSHIP STARTING CERTIFICATE

This form will serve as the authority to begin your stipend payments. Two copies should be returned to the National Science Foundation supporting program office immediately after you enter upon the tenure of your award. It should not be dated before you actually begin your tenure.

Please complete and send this form to:

Graduate Research Fellowship Program, National Science Foundation, 4201 Wilson Blvd., Room 907N, Arlington, VA 22230 USA

Program Contact: Freida R. Johnson Phone: (703) 292-8694 E-Mail: grfp@nsf.gov Fax: (703) 292-9048

All payments are sent electronically to your domestic bank. We cannot send funds to a foreign bank, but can make payments via check if so requested.

Name: *(last, first, m.i.)* _____, _____, _____	Social Security Number: _____ - _____ - _____
Name of NSF Fellowship: Graduate Research Fellowship	

STATEMENT OF TENURE

Tenure Start Date: _____ Anticipated Tenure Duration _____
mm/dd/yyyy mm/dd/yyyy

Institution:	Department:	
Institutional Address of Fellow:		
E-Mail Address/ Fax Number:	Home Phone Number:	Work Phone Number:
Signature of Fellow:		Date:
Scientific Advisor's Name:		

STATEMENT OF VERIFICATION

This section must be completed by the Scientific Advisor, the Department Head, or another appropriate official. The signature below verifies the information found in the Statement of Tenure above.

Signature:	Printed Name:
Title:	Date:

FOR NSF USE

Grant Number:	Change of Institution: _____ Yes _____ No	
Total Tenure Months:	Tenure months at this Institution:	Dependents: N/A
Stipend $	Special Allowance $	
Approved:	Date:	Date forwarded to Finance: