HORACE H. RACKHAM SCHOOL OF GRADUATE STUDIES
University of Michigan
STUDENT SERVICES: FELLOWSHIPS
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Rackham Graduate Student Research Grant
Follow-up Form

(Please print, fill in <u>all</u> information, and do not leave any blanks. Thank you.)

Name: _____ Date: _____

Department: _____ UM ID# _____

E-Mail Address: _____ Amount of Award: $_____ Date Awarded: _____

Briefly state in the space below how the Rackham Graduate Student Research Grant aided the purpose of your original request:

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IMPORTANT: FUTURE FUNDING WILL NOT BE CONSIDERED UNLESS THIS FORM IS RETURNED TO THE FELLOWSHIPS OFFICE.