STANDARD APPLICATION FOR DISSERTATION COMPLETION FELLOWSHIPS
(AND FOR FELLOWSHIPS WITH RESEARCH OR COMPLETION OPTION)
2017-2018

FACULTY CONFIRMATION FORM

Purpose and Instructions:
- To highlight the key factors that help to enhance dissertation completion
- To encourage candid and constructive discussion of these factors between advisee and advisor
- The form is not intended as a reference form and has no effect on receipt of the guaranteed award.
- The form is to be completed separately by two faculty advisors.
- The student must upload each one-page signed document as a supplemental file to his/her DCF application in CARAT.

To the Faculty Advisor:

Please answer the following:

1. Confirmation of having reviewed two dissertation chapter drafts or one article draft and a Table of Contents indicating progress status for each chapter or article.
   □ Yes, I have reviewed these documents

2. On the basis of the review of two dissertation chapter drafts or one article draft and a Table of Contents, how do you estimate the likelihood of completion during the fellowship year?
   □ Very likely □ Likely

3. On the basis of your knowledge of the applicant’s time management and organization skills, how do you estimate the likelihood of completion during the fellowship year?
   □ Very likely □ Likely

4. On the basis of the size and scope of the dissertation project, how do you estimate the likelihood of completion during the fellowship year?
   □ Very likely □ Likely

5. Other factors that could enhance completion by this student? Please specify.
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

Comments:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Faculty advisor’s signature: ____________________________    Date: ________________
Printed name: ____________________________________________    Date: ________________
Student’s signature*: _____________________________________    Date: ________________
* To be signed by applicant to confirm awareness of key factors for completion