

Application for:

**Alexander Fellowship
School of Dentistry
Virginia Commonwealth University**

1. Name: _____
(Last), (First), (M.I.)
2. Current Mailing Address:
3. Postgraduate Program and Year:
4. Title of Research Project: _____
_____.
5. Fellowship Period (month and day): From _____ to _____.
6. Will you receive any other financial assistance for performance of research during this period? _____.
If so, give details.
7. List any previous research experience, publications, etc which you consider pertinent in judging your qualifications for this fellowship:
8. Describe the project to be undertaken, stating what has been done before in this field and what additional information will be contributed by your work. Please see instructions for information on format (Limit this section to a maximum of 3 pages).

(Insert additional pages as needed)

Sponsor's Endorsement

9. The sponsor will complete this page. An additional page may be used if necessary.
- a. I have discussed this project with the applicant and judge it to be feasible for completion within the period indicated, and a quality research experience for the student.
 - b. My role and participation in the research project will be as follows:

 - c. Additional funds for the performance of this project, if needed, will be from the following source:

 - d. I will assure that the student's required progress report is submitted to the Chairman, Research Committee, within one month of the end of the fellowship period.
10. Sponsor's name: _____.
- Sponsor's signature _____.
11. Signature of Program Director: _____.
12. Signature of Department Chairman: _____.