External Agency Fellowship Supplement Request
(For Fellowships not on the automatic supplementation list)

Please provide the following information and attach a copy of the fellowship offer letter:

Student Information

Name of program: _____________________________________________________
Name of student: _____________________________________________________
Campus ID: ___________________ Semester/Year of entry: ________________

Fellowship Details

Name of fellowship: _____________________________________________________
Funding agency and link to website: ________________________________________
Type of fellowship: Predoctoral _______ Dissertation Completion/Research ______
Fellowship period (months/years of support): ______________
Tenure dates: _________________________

Stipend and Benefits:

Stipend amount __________
Tuition allowance (if applicable) ____________
Health insurance allowance (if applicable) ____________
Other financial support (if applicable) ____________

Is the agency willing to allow us to administer the fellowship? Please note that we cannot provide supplementation if the student is paid directly by the agency.

Yes ________ the agency is willing to allow us to administer the award for the student. The payments will be routed through the University.
Graduate Program Information

Point of contact for this request: ______________________________________________________

1. Detail your request for supplemental funding.

2. Explain what kinds of support, including financial, mentorship, and professional development, that the program will provide during the fellowship period.

______________________________  __________________________
Department Administrator Signature       Date

______________________________  __________________________
Student Advisor Signature            Date

Please return the completed form to offr@grad.wisc.edu. Requests for supplemental funding must be submitted at least three weeks before the fellowship tenure begins.