University of Virginia Library

Graduate Fellowship in Digital Humanities
Application Form

Name _____   Eo ail _____

Permanent Address _____

City/State/ZIP _____   Phone _____

Local Address _____

City/State/ZIP _____   Phone _____

Name of Department _____

Name of Program (if applicable) _____

Name of Faculty Advisor _____

When did you become ABD? _____

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Expected graduation date _____

Do you plan to be enrolled at the University of Virginia as a full-time student for the 201: –201; academic year?   ☐ Yes   ☐ No

If no, please explain _____

Please sign below and return this form as part of your application package.

_____   _____
Signature   Date