



**The Air Force Research Laboratory/  
Dayton Area Graduate Studies Institute**



**Ohio Student-Faculty Graduate Fellowship**

**Signature Form**

I certify that to the best of my knowledge all information provided in the application package is true and accurate. I understand that any misrepresentation of facts on the application will invalidate the application and cause me to be ineligible for an AFRL/DAGSI research fellowship award.

\_\_\_\_\_  
Student—print name and date

\_\_\_\_\_  
Faculty—print name and date

\_\_\_\_\_  
Student—signature

\_\_\_\_\_  
Faculty—signature

Proposal Title: \_\_\_\_\_

Topic Number and Sponsor: \_\_\_\_\_

I understand that, for each one-year award, DAGSI will contribute an annual maximum of \$51,000 (Ph.D.) or \$43,000 (MS). The proposed cost share is from a source that is an allowable commitment against state of Ohio funding and meets the minimum requirement of one-third of the DAGSI contribution (\$17,000 or \$14,500 respectively for the DAGSI maximum contribution). The indirect rate to be paid by DAGSI is a maximum of 26%, with tuition exempt.

\_\_\_\_\_  
University authorizing official—print name and title

\_\_\_\_\_  
Date

\_\_\_\_\_  
University authorizing official—signature

\_\_\_\_\_  
Phone and Email