

Institutional Support Form

The purpose of this form is to provide confirmation of the applicant's enrollment status and academic progress, and to affirm the willingness of the applicant's host institution to administer APSA Doctoral Dissertation Improvement Grant funds. This form should be completed by your department, and may also need to be reviewed and signed by your Office of Sponsored Research or similar.

Enrollment Verification

Please obtain and include an official enrollment verification from your registrar's office or ask your department to complete the following:

_____ (applicant's name) is currently enrolled and in good academic standing in a doctoral degree program at _____ (institution name) in the _____ department.

Name: _____ Title: _____

Signature: _____ Date: _____

Candidacy Verification

Please ask the relevant department administrator to complete the following:

_____ (applicant's name) has fulfilled all of the preliminary degree requirements for the doctoral program, and has advanced to candidacy.

Name: _____ Title: _____

Signature: _____ Date: _____

Administration of Grant

Please ask the relevant department administrator or your Office of Sponsored Research (or similar) to complete the following:

This statement certifies that the host institution understands that any funds awarded to the applicant by the APSA Doctoral Dissertation Research Improvement Grant will be distributed through the host institution. APSA Doctoral Dissertation Research Improvement Grants do not fund indirect costs.

Name: _____ Title: _____

Signature: _____ Date: _____