TRIPATHY MEMORIAL GRADUATE FELLOWSHIP FORM
University of Massachusetts Lowell

Qualifications

This award will be given to two outstanding University of Massachusetts Lowell graduate students whose research topic is in the various fields of materials science and/or material engineering and who are in the final stages of finishing his/her doctoral program. To qualify for this award, the student must meet the following criteria.

- Student must have a 3.50 or higher g.p.a.
- Student must have completed doctoral exams in a timely manner from any one of the science or engineering departments of University of Massachusetts Lowell.
- Student must have completed all doctoral requirements except thesis submission.
- Student must have demonstrated research abilities through peer reviewed publications and presentations.

Required Documents

You are required to submit the following to consider for this fellowship:

(a) This completed application form
(b) Copy of your recent transcript
(c) Certificate from your thesis advisor (part of the application form)
(d) 2 Letters of Recommendations (one of them from the thesis advisor)
(e) One page statement on his/her vision of his/her role in the future for their chosen field of research.

If you are one of the finalists, the selection committee will call for an interview. The Committee will then select one or two outstanding students for this prestigious award. You may be asked how this award will benefit your career advancements in your selected field.
Application Form
The Tripathy Memorial Summer Graduate Fellowship

1. Applicant’s Name: ______________________________________________
   (First)       (Middle)      (Last)

2. Local Address:
   ______________________________________________
   ______________________________________________
   ______________________________________________

3. Campus Phone Extension: _________  E-Mail Address: _______________

4. Campus Office  _________  Building Name: ________________

5. Are you a full time graduate student enrolled at UMass Lowell:
   (Yes)          (No)
   If yes, please answer the following,

6. Name of the Department: _________________________

7. Name of the School:  __________________________

8. When did you join UMass Lowell?  _____________________
   (Month)             (Year)

9. When did you complete all the requirements for Ph.D. candidacy?  ____  ____
   (Month)   (Year)

10. What is your current GPA?  (Attach copies of transcripts)  ______________

11. Are you currently working on your Ph.D Thesis Work?  (Yes)  (No)
   If yes, please answer the following:

12. Topic of your research work: ___________________________________________

14. Abstract of your research work (Maximum 250 words):

_This should be your original research work conducted as a Ph.D. graduate student. If you are a part of a research project involving others than yourself, it is important to highlight ONLY your contribution to the project, so that the committee can differentiate your work from others. If you are short listed and called for an interview, your oral presentation should be organized as follows:_

(a) Background; (b) your actual research work, results and summary; (c) acknowledgements, if any; and (c) planned research for the summer if you’re selected.

15. What kind of research activities are you planning for this summer, if this fellowship is awarded? (Maximum 200 words)

16. Are you planning to present your summer research work in any one of the national meetings during your final year?  
   (Yes)                     (No)

17. Have you published or presented your research work?  
   (Yes)                     (No)

_If yes, please list all your publications including patents, if any. List on a separate sheet, if necessary._

It is understood that the selected awardees will perform their research work _on their research under the guidance of their thesis advisors leading to doctoral thesis_. If selected, the awardees will acknowledge the receipt of this fellowship in their thesis, publications and presentations resulting from the summer research work.

The information provided on this form is correct and accurate.

Applicant’s Signature ______________        Date: ____________
Certificate from the Thesis Advisor

This is to certify that the applicant, _____________________, has completed all the requirements for PhD except the thesis work. I am applicant’s thesis advisor. I also certify that the coming academic year following the summer for which the applicant is applying for summer fellowship will be the last year and the applicant is expected to submit the thesis.

Signature of Applicant’s Thesis Advisor: ____________________

Name of the Advisor: ____________________       Date: __________