

Food, Nutrition, and Chronic Disease Graduate Student Professional Development Fellowship Fund

In 1997, Pharmacia established an endowment to fund graduate fellowships at Michigan State University in the broad area of **food, nutrition, and chronic disease**. These fellowships are now available to be awarded to qualified graduate students. The funds are administered by Graduate School Associate Dean, Tony Nunez. A decision on support will be made within three weeks after receiving all of the necessary materials.

AWARD CRITERIA

Funds must be used to support activities that enhance graduate students' thesis or dissertation research projects in the broad areas of **food, nutrition and chronic disease**. Research that aims to identify underlying integrating concepts and mechanisms between **food, nutrition and chronic disease** will be given priority. Activities supported by the award may include travel to participate in workshops, data collection, short courses, and extramural laboratory rotations. These funds are not available to purchase equipment.

- Only one request per student's tenure in degree program will be considered.
- Applicants must be registered the semester the funding is awarded.
- There is no deadline for submitting requests.
- Students are expected to share the knowledge gained through the activity with his/her department.
- A one page summary report of the activities supported by the award must be sent to the Graduate School upon completion.



THE
GRADUATE
SCHOOL

Office of the
Associate Dean
for Academic Affairs

118 Linton Hall
East Lansing, Michigan
48824-1044

517/355-0301
FAX: 517/353-3355

1. Submit the following to: Dr. Tony Nunez, Associate Dean
118 Linton Hall
2. The attached form with the following information must accompany all requests:
 - Signature of the student's major professor/advisor stating that the student is making satisfactory progress in his/her graduate program
 - Signatures endorsing the request from both the department and college are required
3. A brief (3-page) letter with the following information:
 - Title of the research project
 - Description of the research project
 - Summary of the proposed research activity including travel information (dates and location), if relevant
 - Description of how this activity enhances the student's professional development and research
 - Description of how the project relates to the areas of food, nutrition and chronic disease
 - Detailed budget and budget justification
 - IACUC or Human Research Protection Program approval letter if the research involves human or animal (IACUC) subjects

PLEASE NOTE: If you have federal loans, especially needs-based loans/aid and are requesting travel/research support, please provide a copy of any receipts. The Graduate School will forward these to the Office of Financial Aid as an indication that The Graduate School funds should **not** be subtracted from your loan/aid amount. However, final decisions are made on a case-by-case basis by the Office of Financial Aid following guidelines provided by the federal government.



Food, Nutrition, and Chronic Disease

Graduate Student Professional Development Fellowship Fund Form

Associate Dean; 118 Linton Hall

Phone: 517.355.0301

Fax: 517.353.3355

(Print) Student Name: _____ Student Number: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Department: _____

Department Address: _____

College: _____

College Address: _____

***Attach the specific funding request letter from the student.**

The above student is making satisfactory progress towards his/her degree.

Signature of Major Professor

Major Professor Name (please print)

A signature is required from the major professor, the department, and the college even if no funds are available to support this request.

	Endorsement Signature	Name and Address (please print)	Additional Funds (if relevant)
Major Professor	_____	_____	\$ _____
Department/Unit Chair/Director	_____	_____	\$ _____
College Associate Dean	_____	_____	\$ _____
		TOTAL	\$ _____

Funds Requested from
The Food, Nutrition, and Chronic Disease Fund:

\$

Graduate School Use Only

Amount Approved: \$ _____

Disapproved: _____