

BARUCH COLLEGE

Request to Change Fellowship

Name _____ Award _____ Date _____
Department _____ Title _____

I hereby request to change:

from the _____ to the _____
period of _____ period of _____

The reason for this request
is: _____

Faculty member's _____ Date _____
signature _____
Address _____

Authorization

To be completed by Department Chair: Proposed arrangements for academic work.

Department Executive Committee

Approved Denied

Chair's signature _____ Date _____

School P& B Committee

Approved Denied

Chair's signature _____ Date _____

College P&B Committee

Approved Denied

Chair's signature _____ Date _____