

DEAN'S FELLOW APPOINTMENT FORM

Faculty _____ **Clinic** _____ **Department** _____ **Program** _____
(Check appointment type and enter name of individual/employing unit in space below.)

Name of Professor/Program/Department _____

Student: _____ 1L/ 2L/ 3L/ LLM (<i>circle one</i>) AU ID: _____ Appointment Period: (Check One) <input type="checkbox"/> Full Year Start Date _____ Hours per Week _____ <input type="checkbox"/> Fall Only Start Date _____ Hours per Week _____ <input type="checkbox"/> Spring Only Start Date _____ Hours per Week _____
Student: _____ 1L/ 2L/ 3L/ LLM (<i>circle one</i>) AU ID: _____ Appointment Period: (Check One) <input type="checkbox"/> Full Year Start Date _____ Hours per Week _____ <input type="checkbox"/> Fall Only Start Date _____ Hours per Week _____ <input type="checkbox"/> Spring Only Start Date _____ Hours per Week _____
Student: _____ 1L/ 2L/ 3L/ LLM (<i>circle one</i>) AU ID: _____ Appointment Period: (Check One) <input type="checkbox"/> Full Year Start Date _____ Hours per Week _____ <input type="checkbox"/> Fall Only Start Date _____ Hours per Week _____ <input type="checkbox"/> Spring Only Start Date _____ Hours per Week _____
Student: _____ 1L/ 2L/ 3L/ LLM (<i>circle one</i>) AU ID: _____ Appointment Period: (Check One) <input type="checkbox"/> Full Year Start Date _____ Hours per Week _____ <input type="checkbox"/> Fall Only Start Date _____ Hours per Week _____ <input type="checkbox"/> Spring Only Start Date _____ Hours per Week _____

Name of Faculty/Program Administrator _____
Please Print

Signature *Date*

Note: Appointments in excess of authorized limits must be approved by the Dean and notice received by the Financial Aid Office before processing can begin.

DEADLINE FOR SUBMISSION OF FALL/ACADEMIC YEAR APPOINTMENTS – NOVEMBER 1; SPRING APPOINTMENTS – MARCH 1.
RETURN TO: FINANCIAL AID OFFICE, SUITE 505 - PHONE (202) 274-4040 FAX (202) 274-4107