

## Verification of Current Enrollment Form Amelia Earhart Fellowship

I certify that		is currently in
	(Name)	
	at	
(department)		(university/college)
and is enrolled in a		<b>Р</b> адиа
	(Ph.D./Doctoral)	Degree.
(FII.D./ Doctoral)		
(Signature of registrar)	(Date)	(Expected graduation date)
	1000 1111 1 1 1 1 1 1	
(Official University/College Stamp)		