



## Verification of Current Enrollment Form Amelia Earhart Fellowship

I certify that \_\_\_\_\_ is currently in  
(Name)

\_\_\_\_\_ at \_\_\_\_\_  
(department) (university/college)

and is enrolled in a \_\_\_\_\_ Degree.  
(Ph.D./Doctoral)

\_\_\_\_\_  
(Signature of registrar) (Date) (Expected graduation date)

\_\_\_\_\_  
(Official University/College Stamp)