

Fellowship/Scholarship Payback Agreement

*Department of Media and Information
College of Communication Arts and Sciences
Michigan State University*

Student Name: _____ **Student PID: A** _____

Date of Request: _____ **Date of Travel:** _____ **Email:** _____

Name of conference/festival:

In accepting this award, I agree to reimburse Michigan State University for all stipends, fees, and/or tuition paid if I withdraw from the university during the period of the award, or otherwise fail to fulfill the conditions and expectations for which the fellowship was awarded. This includes the inability to undertake travel for which a travel fellowship was awarded.

Signature of Student

Date