

# ASTRONOMY AND ASTROPHYSICS POSTDOCTORAL FELLOWSHIP ACCEPTANCE FORM

Please Check One:

\_\_\_\_\_ I accept this award. [Please complete the information below.]

\_\_\_\_\_ I do not accept this award. [Please give reasons on a separate sheet.]

Proposed Schedule:

We expect your fellowship to be taken at the host institution(s) discussed in your proposal. Please indicate below the expected beginning and ending dates of the fellowship at these institutions. Any change from the schedule you gave in the original proposal must be approved in advance by NSF.

Institution and Location

Start Date

End Date

_____	_____	_____
_____	_____	_____

I understand and agree that the Fellowship is made subject to the provisions set forth in the booklet entitled "Information for Astronomy and Astrophysics Postdoctoral Fellows" and any amendments thereto which I have received and read.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_