“Road Fellowship” Application
MSU East Lansing - Grand Rapids

The purpose of the Road Fellowship is to defray costs for MSU graduate students associated with frequent commuting between East Lansing and Grand Rapids. This commuting may be necessary for MSU coursework, teaching, clinical service, or MSU laboratory rotations/collaborations. Minimal eligibility requires 8 total commutes within a semester. The amount of the fellowship is calculated based on length, frequency and need for parking at the GRRC. Please select all that apply:

- I am a MSU graduate student living in the East Lansing area and traveling to Grand Rapids for a prearranged laboratory rotation or collaboration in a CHM MSU laboratory.
- I live in East Lansing and I already pay for student parking on the East Lansing Campus.
- I am a MSU graduate student living and conducting research in Grand Rapids in a CHM MSU laboratory who must travel to East Lansing for required coursework, teaching, clinical service or a collaboration.
- I live in Grand Rapids and I already pay for student parking at the GRRC.

Dates of commuting arrangement: _________________________
Number of commuting weeks: ____________________________
Frequency of commutes per week: _______________________

Student Name:_______________________________________ MSU ID#:___________________
Graduate Program:____________________________________
Graduate Program Contact Name:________________________
Graduate Program Contact Number and Email:_______________
Student Campus Address:_______________________________
Student Email:_______________________________________ Phone:_______________________

Please provide information related to your need for commuting:
Coursework, Teaching or Clinical Service in EL: Research in Grand Rapids or EL:

Course #: Days of the Week: Rotation/Laboratory Days of the Week:
________ __________
________ __________

I certify that all of the statements in this document are correct.

Student Signature:____________________________________ (sign and date)
Laboratory Faculty:_____________________________________ (print, sign and date)
Lab Faculty email and Phone:______________________________

Road Fellowship Coordinator Signature: __________________________ (sign and date)

Program Director Signature:_______________________________ Date:___________

Form revised 7/2018 by CES
This form should be completed, scanned and emailed to Dr. Caryl Sortwell (caryl.sortwell@hc.msu.edu), TSMM, Road Fellowship Coordinator, Grand Rapids