

**APPLICATION COVER FORM**  
**ADEL AIT-GHEZALA RESEARCH FELLOWSHIP**

*Name of Applicant:* \_\_\_\_\_

AU ID#: \_\_\_\_\_

School/Department: \_\_\_\_\_

Home address for correspondence: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_

*Name of Graduate Advisor:* \_\_\_\_\_

Advisor's e-mailing address: \_\_\_\_\_

*Title of the Project*

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