

Bard Graduate Center Fellowship Application (2020–21)

Name:	
Department:	
Institution: Email address:	
City:	State:Zip:
Country:	Phone:
Are you legally authoriz	ed to work in the United States? Yes No
Fellowship applying for	(select one):
Research Fellowship	
Visiting Fellowship	
Please let us know your preferred length and dates of the fellowship:	
Please provide a title or brief description of the project you will be working on during your fellowship:	