



# Harvard-Smithsonian Center for Astrophysics

60 Garden Street, Cambridge, MA 02138



TO WHOM IT MAY CONCERN:

Re: Fellowship Appointment of

\_\_\_\_\_

The person named above has accepted an appointment as a Smithsonian Postdoctoral Fellow with the stipulation that, by the time the fellowship begins, all requirements for the doctoral degree have been met. The chairperson of the Fellow's dissertation committee or the chairperson of the department should certify, by signing below, that the Fellow's dissertation has been accepted and signed by his or her committee, and that all doctoral degree requirements were met as of \_\_\_\_\_20\_\_\_\_.

Please return this form to:

Christine A. Crowley  
Harvard-Smithsonian Center for Astrophysics  
60 Garden Street, MS 67  
Cambridge, MA 02138

\_\_\_\_\_

(Date)

\_\_\_\_\_

Signature of Certifying Chairperson

\_\_\_\_\_

Title

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Telephone Number