



MARQUETTE
UNIVERSITY

ARNOLD L. MITCHEM DISSERTATION FELLOWSHIP PROGRAM

Progress Toward Degree Form

Please have either the Director of Graduate Studies or an Academic Dean at your graduate college or school complete this form.

Name of student _____

Student's area of concentration _____

Please indicate the specific requirements this student must meet in the doctoral program at your institution. After each item, list the date the requirement was or is expected to be satisfied. **Be sure to include the date the dissertation prospectus was approved.** This form must be received by the Mitchem Fellowship Program by **Thursday, April 30, 2026.**

Dean or Director of Graduate Studies (Print) Signature

Name of Institution Date

Please email to mitchem.fellowship@marquette.edu or send by mail to:

Mitchem Dissertation Fellowship Program
Division of Belonging and Student Affairs
Marquette University, AMU 437
P.O. Box 1881
Milwaukee, Wisconsin 53201-1881