



U.S. ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460
COMPLETION OF STUDIES NOTICE

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2030-0020). Responses to this collection of information are required to obtain an assistance agreement (40 CFR Part 30, 40 CFR Part 31, and 40 CFR Part 33 for awards made prior to December 26, 2014, and 2 CFR 200, 2 CFR 1500, and 40 CFR Part 33 for awards made after December 26, 2014). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 1 hour per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

DATE OF THIS NOTICE:	FELLOWSHIP NUMBER	STUDIES COMPLETED	TYPE OF FELLOWSHIP Special Status:
-----------------------------	--------------------------	--------------------------	--

TO: LAS VEGAS FINANCE CENTER
US ENVIRONMENTAL PROTECTION AGENCY
4220 S. MARYLAND PARKWAY, BUILDING C, ROOM 503
LAS VEGAS, NV 89119

INSTRUCTIONS: This form should be completed immediately after studies are completed

NAME OF FELLOW	INSTITUTION
-----------------------	--------------------

Your Fellowship ends on the date indicated above. To complete our files, please provide the following information and two reprints of any publication of work done under the fellowship, when available.

MAILING ADDRESS AFTER COMPLETION OF FELLOWSHIP (Future address changes appreciated)	DEGREE SOUGHT (Ph.D., M.S., None)
	DATE RECEIVED OR EXPECTED

REMARKS (Provide any constructive criticism or advice from you and your sponsor that would enable us to improve the operation of the EPA Fellowship program. Use an additional sheet if necessary.)

CERTIFICATION

This is to certify that the individual named above completed the fellowship activities at the above named institution.

DATE	SIGNATURE OF SPONSOR OR AUTHORIZED OFFICIAL	TITLE
-------------	--	--------------