DOCTORAL FELLOWSHIP AGREEMENT

Fellow's Name: ________________________________________________________________

University: __________________________________________________________________

Original Award Amount: ______________________ Expanded Award: ___________________

I. **Doctoral Fellowship Program Obligations:**

A. I agree:

1. To pursue and obtain the agreed upon doctoral degree at a Michigan public university within eight (8) calendar years of signing this agreement. I will ensure that the KCP Initiative Office is provided with written evidence of my degree obtainment.
2. To maintain good academic standing at the university, as defined by the institution.
3. To not accept a second KCP Initiative FFF Award.
4. To begin part- or full-time faculty teaching or an approved administrative position at an accredited public or private, two- (2) or four- (4) year postsecondary institution, in-state or out-of-state, within one (1) calendar year after conferral of the doctoral degree.
5. That my service obligation shall be determined by the total amount of my FFF Award(s) as outlined below:
   - Up to $11,667.00 of a doctoral award results in a 1-year equivalent full-time service commitment.
   - $11,668.00 to $23,334.00 of a doctoral award results in a 2-year equivalent full-time service commitment.
   - $23,335.00 to $35,000.00 of a doctoral award results in a 3-year equivalent full-time service commitment.
6. To ensure that the KCP Initiative Office is provided with written evidence of my service completion from the postsecondary institution of employment at the conclusion of each academic term or year.
7. To advise the KCP Initiative Office within thirty (30) calendar days, in writing, of any change in my name or contact information, or my withdrawal from the university.

B. I understand that the KCP Initiative may extend my eight (8)-year period for obtaining the doctoral degree by one (1) calendar year for good cause. The KCP Initiative may also extend my deadline for beginning my service obligation by one (1) year for good cause. I must submit a written request for consideration at least thirty (30) calendar days prior to the respective deadline.
II. Repayment Upon Default:

A. I agree that I shall be in default of this Agreement if either of the following occurs:

1. I fail to meet any condition, requirement, or obligation described in the Agreement.
2. During the application stage, during my pursuit of the degree required by the Agreement, and during any time I am fulfilling the requirements of this Agreement, I engage in any conduct which is a felony or other serious criminal act, or which involves fraud or false representation.

B. I agree that a default will cause my KCP Initiative FFF Award(s) to become a KCP Loan. I understand that any undisbursed funds from my FFF Award(s) will be forfeited. My FFF Award amount(s), less any declined or forfeited funds, doctoral degree credit, or service credit, will become the principal due under the KCP Loan. I promise to pay to the KCP Initiative the full amount of the KCP Loan, plus interest. The interest will begin to accrue from the loan repayment start date stated in the Disclosure Statement and Payment Schedule. The interest will be fixed at the rate in effect on the date of default as declared by the Michigan Department of Treasury (MDT) pursuant to MCL § 205.23. The interest will be compounded daily. I will also owe late charges if I do not repay the KCP Loan in accordance with the Disclosure Statement and Payment Schedule.

C. I understand that if I pay the total amount of the KCP Loan plus interest and fees within 365 calendar days from the date of default, the KCP Initiative may waive or remit to me any interest that was assessed or collected.

D. I understand that the KCP Loan, plus interest and fees, shall be fully paid within ten (10) years of the date of default. The minimum monthly payment shall be at least one hundred dollars ($100.00) per month.

E. I agree to the following conditions of repayment:

1. Payments are due the first day of every month. Any month in which the payment has not reached the KCP Initiative Office by the tenth day may be assessed a late fee of five percent (5%) of the payment then due, not to exceed $15.00.
2. A $25.00 fee may be applied to my KCP Loan balance for a check or other payment instrument that is dishonored because of insufficient funds.
3. I may submit a written request to the KCP Initiative for a reduced monthly payment amount. To be granted, I must demonstrate to the satisfaction of the KCP Initiative that I am experiencing serious financial hardship. If granted, the reduced payment period shall be determined by the KCP Initiative, not to exceed a total of thirty-six (36) months. I understand that interest will continue to accrue during this time.
4. I must submit a written request to the KCP Initiative indicating my intention to file for a cancellation of my KCP Loan obligations due to a total and permanent disability and request the required procedures and/or forms that must be completed. A licensed doctor of medicine, osteopathy, or psychiatry must certify that I am totally and permanently disabled and, as a result, unable to work/pursue degree completion. Upon certification, the KCP Initiative shall cancel the remainder of my KCP Loan.
5. If I die, the KCP Initiative shall cancel my unpaid KCP Loan amount when provided with a certified copy of my death certificate.
6. The KCP Initiative shall release to other parties or agents information regarding this obligation to verify its existence or to collect payment of this obligation.
7. I agree that all costs, expenses and attorney fees incurred by the KCP Initiative, WD and the MDT for collection of any past due KCP Loan or KCP Loan payment shall be added to the total amount of the KCP Loan amount due.
F. If I default pursuant to Section II(A)(1), the KCP Initiative may reduce the amount of my KCP Loan as follows:

1. The Doctoral Degree Credit will be applied if I have:
   a. completed all the obligations under this Agreement except the obligations stated in Section I(A), Subsections 4, 5 and 6; and
   b. obtained the agreed upon doctoral degree from a Michigan public university within the allowed time (Section I(A)(1)).

   The doctoral degree credit shall be calculated by multiplying the Fellowship Award(s) amount by one-third (33.33%).

2. Service Credit(s) will be applied if I have:
   a. Obtained the agreed upon doctoral degree from a Michigan public university; and
   b. Successfully completed qualifying part- or full-time faculty teaching or approved administrative service at an accredited public or private two- (2) or four- (4) year postsecondary institution, in-state or out-of-state.

   A service credit shall be calculated as follows:
   a. Multiply the Fellowship Award(s) amount by two-thirds (66.67%). This is the maximum total service credit reduction allowed.
   b. Divide this maximum by the number of years of service required (Section I(A) (5)).
   c. Multiply the result of Line b by the number of years or portion of years of successfully completed service detailed in Section II (F)(2)(b) of this Agreement.
III. Appeal:

I understand that I may appeal a default determination made by the KCP Initiative. The appeal process is described in the KCP Initiative’s Future Faculty Fellowship Program Administrative Handbook, available by contacting the university’s FFF Representative or the State of Michigan KCP Initiative Office.

My signature below certifies that I have read, understand, and agree to all the conditions and requirements of this Agreement. I agree that in the case of a default, I will be required to repay my Fellowship Award(s) amount (converted to a KCP Loan), plus interest, fees, and reasonable attorney fees. By signing this Agreement, I acknowledge that I have received a copy of this Agreement.

________________________________________________________________________  ________________  ________________
Signature  Date  Social Security Number

________________________________________________________________________
Name

________________________________________________________________________  ________________
State ID of DL No  Issuing State  Date of Birth

________________________________________________________________________
Address

________________________________________________________________________  ________________
City  State  Zip Code

________________________________________________________________________
E-Mail  Alternate E-Mail

________________________________________________________________________
Witness Signature (University Representative or Notary)  Date

________________________________________________________________________
University