

Total Months of DRA Support

Dissertation Research Assistantship Departmental Recommendations Form

Academic Department:	Academic College:					
Prepared by:		Preparer's Phone #:				
lease list students <u>recommended</u> * for the Dissertation Research Award, their rank relative to all other nominees from the epartment, the amount of months of DRA support allocated to the student, and the starting date of the DRA. After listing that of the other is a support of the total in the "Total Months of DRA Support" row.						
Please do not list alternates or denials. Also please note that the Graduate School will notify only the recipients of the DRA award nd the department is responsible for notifying alternates or denials of the decision.						
Student Name	Rank	Months of DRA Support	Starting Date of DRA			



Department/Program:	
Nominee Last Name:	Nominee First Name:
DAWG Tag #:	
Please check off appropriate box when each d	ocument has been included in the packet.
	the application packet to be processed. Please arrange documents in order listed ocuments will be returned which will delay the fellowship selection process and may on which documents are missing.
If you have questions, please contact the GA C	Office at (618) 453-4555.
REQUIRED DOCUMENTS:	
Departmental Recommendation	ns Form
DRA Packet Checklist	
Application for DRA Award	
Nominee's Biographical Stateme	ent
Nominee's Curriculum Vitae	
Letters of Recommendation (3)	
DRA Proposal Form	
Other Materials as Requested b	y the College
Prepare	er Information for Questions/Problems:
Packet Prepared By:	Preparer's Phone:
Preparer's Email:	Preparer's Mail Code:



SIU Dissertation Research Assistantship Application for DRA Award

.egal Name:			_ DAWG Tag #:
Last	First	MI	
Date of Birth:	Name under which transcripts may have been issued:		
Address to which correspondence should be so	ent:		
treet		City	
tate	Zip	Countr	y
mail:		Phone	:
Citizenship: US Permo	anent Resident	Intern	ational
F(OR DEPARTMEN	T USE ONLY	
			As Condido ou (ou Fun a ded).
			to Candidacy (or Expected):
academic Department:		Date Advanced	to Candidacy (or Expected):sertation Completion Date:
Academic Department:		Date Advanced Anticipated Dis	
Academic Department: Dissertation Chair: Student Overall Graduate GPA: Total months of financial support as a gradua	 nte student at SIU (<i>I</i>	Date Advanced Anticipated Dis # of Grad Hours	sertation Completion Date:s s Completed Beyond Master's:
Academic Department: Dissertation Chair: Student Overall Graduate GPA:	 nte student at SIU (<i>I</i>	Date Advanced Anticipated Dis # of Grad Hours	sertation Completion Date:s s Completed Beyond Master's:
Academic Department: Dissertation Chair: Student Overall Graduate GPA: Total months of financial support as a gradua	nte student at SIU (A	Date Advanced Anticipated Dis # of Grad Hours	sertation Completion Date:s s Completed Beyond Master's:



PLEASE REPLACE THIS PAGE WITH NOMINEE'S BIOGRAPHICAL STATEMENT

Two page maximum

PLEASE REPLACE THIS PAGE WITH NOMINEE'S CURRICULUM VITAE



PLEASE REPLACE THIS PAGE WITH NOMINEE'S LETTERS OF RECOMMENDATION

Three letters of recommendation required (One must be from Dissertation Chair)



Dissertation Research Assistantship Proposal Form

Nominee's Name:	Academic Department:
Dissertation Chair:	Date Advanced to Candidacy (or Expected):
(Please be as b	<u>DISSERTATION PROPOSAL</u> rief as possible using only the space available on this form.)
Dissertation Title	
Statement of the Problem or Goal of the Stud	dy
Summary of Procedure	
Anticipated Outcome, Results, or Conclusions	5