



GRADUATE DEAN'S FELLOWSHIP PACKET CHECKLIST

Southern Illinois University is an equal opportunity employer and will not discriminate against any person on the basis of race, ethnic origin, or sex.

Nominee Name: _____ DAWG Tag #: _____
Last First MI

Department: _____ Master's M.F.A. Doctorate

REQUIRED DOCUMENTS:

Department Nomination Form

Nominee's Personal Statement

Nominee's Letters of Recommendation (3)

Nominee's Official Transcripts (for ALL schools attended)

Nominee's Official Standardized Test Score (If required for admission)

DEPARTMENT CONTACT INFORMATION FOR QUESTIONS/PROBLEMS:

Director of Graduate Studies: _____

Nomination Prepared by: _____ Preparer's Phone: _____

Preparer's Email: _____ Preparer's Mail Code: _____



DEPARTMENT NOMINATION FOR GRADUATE DEAN'S FELLOWSHIP

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Nominee Information

Nominee Name: _____ DAWG Tag #: _____
Last First MI

Department: _____ Master's M.F.A. Doctorate

Field of Study: _____ Phone: _____

Address: _____ Email: _____

Ranking of Nominee

Department Ranking _____ of _____ Nominees

To complete this section, please utilize the admission material that the nominee has submitted to your academic department. Please comment and/or provide a score in the space provided (attach a second page if needed).

1. Personal Statement (Range 0-10). _____ Score _____
Considerations: Applicant's rationale for selected field of study; relationship between proposed major and future plans; and description of research interest. Applicant's use of grammar/spelling/etc.

2. Academic Information (Range 0-15). _____ Score _____
Considerations: Can this degree be obtained, given the applicant's academic record and preparation. Does the applicant's academic record reflect promise for success in your program.

UGPA Cumulative: _____ (last 45 hours if student **has not** graduated or last 60 hours if student graduated)

Graduate GPA Cumulative: _____ (prior graduate work)

Name of national exam taken: _____

Scores: Verbal _____ **Quantitative** _____ **Analytical** _____

3. Letters of Recommendation (Range 0-15). _____ Score _____
 Please summarize your assessment of these letters.

TOTAL _____

Department Information

Department: _____

Prepared by: _____

Preparer Phone: _____

Preparer email: _____

- Is the nominee a U.S. Citizen or Permanent Resident/Immigrant? U.S. Citizen Permanent Resident/Immigrant
- Is the nominee a new incoming graduate student? Yes No
- List all financial support the nominee has received from SIU Carbondale as a graduate student. _____

- Will your department provide a half-time assistantship to the academically successful applicant in his/her second year of graduate study? Yes No

Signature of Department Authorized Representative

Date

Submit to: Fellowship Office
Graduate School
Southern Illinois University
1263 Lincoln Dr., Mailcode 4716
Carbondale, IL 62901

Website: <http://gradschool.siu.edu/cost-aid/grad-deans.html>

PLEASE REPLACE THIS PAGE WITH NOMINEE'S PERSONAL STATEMENT

PLEASE REPLACE THIS PAGE WITH NOMINEE’S LETTERS OF RECOMMENDATION
(Three letters of recommendation are required)

PLEASE REPLACE THIS PAGE WITH NOMINEE'S OFFICIAL TRANSCRIPTS

(Must include official transcripts from ALL schools attended)

(Transcripts from SIU can be unofficial)

(Official transcripts can be originals or copies)

**PLEASE REPLACE THIS PAGE WITH NOMINEE'S OFFICIAL STANDARDIZED TEST SCORE
TRANSCRIPT/REPORT**

(If required for admission to program)

(Acceptable standardized test: GRE, MAT, or GMAT)

(Official standardized test score transcripts can be originals or copies)