



Fellowship Office
Graduate School

Southern Illinois University
1263 Lincoln Dr., Mailcode 4716
Carbondale, Illinois 62901



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.

Department/Program: _____

Nominee Last Name: _____ Nominee First Name: _____

DAWG Tag #: _____ Master's Doctorate

Please check off appropriate box when each document has been included in the packet.

ALL DOCUMENTS below **MUST** be included in the fellowship packet to be processed. Please arrange documents in order listed below. Packets with incomplete or missing documents will be returned which will delay the fellowship selection process and may even render the student ineligible depending on which documents are missing.

If you have questions, please contact the GA Office at (618) 453-4555.

REQUIRED DOCUMENTS:

- Fellowship Packet Checklist
- Application for Graduate Dean's Fellowship
- Departmental Fellowship Nomination Form
- Award Essay
- Nominee's Personal Statement
- Nominee's Curriculum Vitae
- Nominee's Letters of Recommendation (3)
- Nominee's Official Transcripts (for ALL ALL degree granting institutions)
- Nominee's Official Standardized Test Score (recommended but not required)

Preparer Information for Questions/Problems:

Packet Prepared By: _____

Preparer's Phone: _____

Preparer's Email: _____

Preparer's Mail Code: _____



Graduate Dean's Application for Fellowship Award

To be submitted in duplicate to the chair of the major department. (PLEASE TYPE)

• **Legal Name:** _____ **DAWG Tag #:** _____
 Last First MI

• **Address to which correspondence should be sent:**

 Street City

 State Zip Country

• **Email:** _____ **Phone:** _____

• **Citizenship:** US Permanent Resident

• **Date of Birth:** _____

• **Degree Level:** Master's Doctorate

• **Please List All Schools (Undergraduate & Graduate) Attended (*copies of official transcripts for ALL degree granting institutions*):**

| College/University | Location | Dates Attended (to-from) | Degree | Major |
|--------------------|----------|--------------------------|--------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

(Attach additional pages if necessary)

• **What will be your main field of study?** _____

- **Please Attach:**
 - Personal Statement (Three-page maximum)
 - Curriculum Vitae
 - Three Letters of Recommendation
 - Official Transcripts for ALL Schools Attended (undergraduate & graduate)
 - Standardized Test Score Transcript (recommended but not required)
 - Submit ALL required documents to department for submission of completed Fellowship packet
 - For further details on the above, please see the "Guidelines for the Preparation of Nominations for Fellowships."

FOR DEPARTMENT SIGNATURE

The above student is recommended for the Graduate Dean's Fellowship:

 Department Chair or Director of Graduate Studies Date Department

FOR GRADUATE SCHOOL USE ONLY

| Admission Status: | Degree | Hours | GPA | Test | Raw | Percentile |
|------------------------|--------------|-------|-------|-------|-------|------------|
| _____ | Bachelors | _____ | _____ | _____ | _____ | _____ |
| Transcripts: _____ | Last 2 | _____ | _____ | _____ | _____ | _____ |
| Department Rank: _____ | Masters | _____ | _____ | _____ | _____ | _____ |
| _____ of _____ | PhD | _____ | _____ | _____ | _____ | _____ |
| | Overall Grad | _____ | _____ | _____ | _____ | _____ |



Graduate Dean's Departmental Nomination Form

Department/Program: _____

Prepared by: _____

Preparer Phone: _____

Nominee Last Name: _____

Nominee First Name: _____

DAWG Tag #: _____

Undergraduate Major: _____

Date of Degree: _____

UGPA Cumulative: _____

UGPA Last 2 Years: _____

GRE/MAT/GMAT results (recommended but not required):

GRE: V% _____ Q% _____ A% _____

MAT: _____

GMAT: V% _____ Q% _____ W% _____

Departmental Rank: _____ of _____

PLEASE TYPE the reasons the student is being nominated and the basis for department ranking (attach second page if needed):

FOR DEPARTMENT SIGNATURE

Your signature confirms that your department has accepted this student for the above degree program, and that the department is making the above commitment in nominating the student for the above fellowship award(s).

Department Chair or Director of Graduate Studies

Date

Department

