

Department/Program:							
Nominee Last Name:	Nominee First Name:						
Please check off appropriate box when each document has been included in the packet.							
If you have questions, please contact the GA Offi	ice at (618) 453-4555.						
REQUIRED DOCUMENTS:							
Fellowship Packet Checklist							
Application for Fellowship Award							
Nominee's Personal Statement							
Nominee's CV							
Departmental Fellowship Nomina	tion Form						
Nominee's Letters of Recommend	lation (3)						
Nominee's Copies of Official Trans	scripts (for ALL degree granting institutions)						
Nominee's Copies of Official Stand	dardized Score (recommended but not required)						
Preparer	Information for Questions/Problems:						
Packet Prepared By:	Preparer's Phone:						
Preparer's Email:	Preparer's Mail Code:						



Doctoral Fellowship Application for Fellowship Award

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

Legal Name:					DAWG	Tag #:	
La		First	I	MI			
• Address to whic	ch corresponde	ence should be sent:					
Street				City			
S tate			Zip	Cour	ntry		
• Email:				Phoi	ne:		
• Citizenship:	□us	☐ Permanent	Resident	□Inte	rnational		
Date of Birth:							
College/University		Location		Dates Attend			Major Hitional pages if necessary
CuThCoStaSu	rriculum Vitae ree Letters of pies of Official andardized Tes bmit <u>ALL</u> requ	Recommendation I Transcripts for <u>ALL</u> o st Score Transcript (ro ired documents to de	degree granting ecommended b epartment for s	ut not requir ubmission of	ed) completed	Fellowship	
The above student i	- rocommondo		EPARTMENT	SIGNATUR	E		
rne above student is	s recommende	d for the <u>Doctoral Fe</u>	<u>iiowsnip</u> :				
Department Chair o	r Director of Gi	raduate Studies		Date		- I	Department
		FOR GRA	DUATE SCHO	OOL USE ON	VLY		
Admission Status:	Degree Bachelo	Hours	GPA	Test		Raw	Percentile
Transcripts:	Last 2			-			
Department Rank: of	<u>Masters</u> PhD			-			
*	Overall	Grad		_ [



PLEASE REPLACE THIS PAGE WITH NOMINEE'S PERSONAL STATEMENT

(Three page maximum)



PLEASE REPLACE THIS PAGE WITH NOMINEE'S CURRICULUM VITAE



Department/Program:				
Prepared by:		Pro	eparer Phone:	
Nominee Last Name:	Nomine	e First Name	:	
DAWG Tag #:				
Master's Major:		_ Da	te of Degree:	
Graduate GPA:				
GRE/MAT/GMAT results (recommended but not required):	GRE:	V%	Q%	_ A%
	MAT:			
	GMAT:	V%	Q%	
FOR DEPARTN	TENT SIGNA	TURE		
our signature confirms that your department has accepted this snaking the above commitment in nominating the student for the				that the department i
Department Chair or Director of Graduate Studies	——— Date		 De	 epartment



PLEASE REPLACE THIS PAGE WITH NOMINEE'S LETTERS OF RECOMMENDATION

(Three letters of recommendation are required)



PLEASE REPLACE THIS PAGE WITH NOMINEE'S TRANSCRIPTS

(Must include copies of transcripts from <u>ALL</u> degree granting institutions) (Transcripts from SIU can be unofficial)



IF APPLICABLE PLEASE REPLACE THIS PAGE WITH COPIES OF OFFICIAL STANDARDIZED TEST SCORE

(recommended but not required)
(Acceptable standardized tests: GRE, MAT, or GMAT)