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SOUTH TEXAS GRADUATE SCHOOL FELLOWSHIP

Nomination Cover Sheet

DEPARTMENT _____

NAME _____

UT EID: _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE: (_____)_____EMAIL ADDRESS:_____

NAME OF UNDERGRADUATE INSTITUTION_____GPA: _____

NAME OF GRADUATE INSTITUTION_____GPA: _____

GRE SCORES: Verbal _____ Quantitative _____ TOTAL _____

Area percentiles: _____ _____ _____

HONORS:

RESEARCH EXPERIENCES:

ACTIVITIES:

RANKING: Student is in the top (check one ☐ 10% ☐ 20% ☐ 30% ☐ 50%) of applicants for our program.

NOTE: *To qualify for a fellowship a student must either be in the top 10% of students entering their program or need a detailed letter explaining why your program considers the student worthy of a fellowship.*

DEPARTMENTAL SUPPORT

Will the department offer supplemental support to this student beyond this fellowship? ☐ Yes ☐ No

If YES, what type of supplemental support? ☐ 20 hr TA ☐ 10 hr TA ☐ 5 hr TA

☐ Other (_____)

Does the department plan to offer second year support to this student? ☐ Yes ☐ No

If YES, what type of 2nd year support? ☐ TA ☐ GRA ☐ Departmental Fellowship

Printed Name of GA _____

Signature (Graduate Adviser) _____