SIU CARBONDALE

Master's Fellowship
Packet Checklist

Department/Program: _____

Nominee Last Name: _____ *Nominee First Name:* _____

*DAWG Tag #:*_____

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 Fellowship Award

Nominee's Personal Statement

Nominee's CV

Program's Fellowship Nomination Form

Nominee's Letters of Recommendation *(3)*

Nominee's Copies of Official Transcripts *(for ALL degree granting institutions)*

Nominee's Copies of Official Standardized Score *(recommended but not required)*

_____

Preparer Information for Questions/Problems:

Packet Prepared By: _____ *Preparer's Phone:* _____

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

SIU CARBONDALE

Master's Fellowship
Application for Fellowship Award

*To be submitted in duplicate to the chair of the major program. (**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**   ☐ **International**

- **Date of Birth:** _____

- **Please List All Schools (Undergraduate & Graduate) Attended (*copies of official transcripts for <u>ALL</u> 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**
  - **Copies of Official Transcripts for ALL degree granting institutions (undergraduate & graduate)**
  - **Standardized Test Score Transcript (recommended but not required)**
  - **Submit <u>ALL</u> required documents to program for submission of completed Fellowship packet**
  - *For further details on the above, please see the "Guidelines for the Preparation of Nominations for Fellowships."*

FOR PROGRAM SIGNATURE

The above student is recommended for the **Master's Fellowship**:

_____   _____   _____
Program Chair or Director of Graduate Studies   Date   Program

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FOR GRADUATE SCHOOL USE ONLY

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

PLEASE REPLACE THIS PAGE WITH NOMINEE'S PERSONAL STATEMENT
(Three page maximum)

PLEASE REPLACE THIS PAGE WITH NOMINEE'S CURRICULUM VITAE

Master's Fellowship
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 program ranking (attach second page if needed):

FOR PROGRAM SIGNATURE

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

_____   _____   _____

Program Chair or Director of Graduate Studies   Date   Program

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 <u>ALL</u> schools attended)
(Transcripts from SIU can be unofficial)
(Official transcripts can be originals or copies)

IF APPLICABLE PLEASE REPLACE THIS PAGE WITH COPIES OF OFFICIAL STANDARDIZED TEST SCORE
(recommended but not required)
(Acceptable standardized tests: GRE, MAT, or GMAT)