

GRADUATE SCHOOL 618/536-7791 STUDENT SERVICES BUILDING 618/453-4562 FAX MAIL CODE 4716 1263 LINCOLN DRIVE CARBONDALE, ILLINOIS 62901

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Willis Swartz Graduate Student Scholarship Award Nomination Form

This form must be completed by the student's academic unit.

Student Name:						
	First		MI		Last	
Dawg Tag #:			Email:			
Phone						
Degree Level:	Master's	Doctoral	Program/Major:			
Citizenship:	U.S. Citizen	Permanent Resident of U.S.			Non-U.S. Citizen	
		Country:				
Starting Semeste	er:					
Nominated by:						
Name:	University irector of Graduate Studies/Director of Program) Title:			-		
Phone:		Email:				
Signature:		Date:				

Required Documents:

- 1. Applicant's one-page biographical statement, which should include, but may not be limited to, the following: graduate research interests, academic achievements, honors, awards, publications, and extracurricular activities.
- 2. Copies of all transcripts.
- 3. This nomination form.