

**Mary and Charles C. Cooper/Emma I. Sharpless**  
**GRADUATE STUDENT NOMINATION FOR FELLOWSHIP**  
**Cover Sheet and Routing Form**

**COLLEGE OF AGRICULTURAL SCIENCES AND NATURAL RESOURCES**  
**AGRICULTURAL RESEARCH DIVISION**  
**University of Nebraska-Lincoln**

Instructions: Please complete the following and submit with supporting materials by time student matriculates:

Graduate Fellowship Program  
Office of the Dean  
103 Agricultural Hall  
P.O. Box 830702  
East Campus 0702

Supporting Materials: A resume, transcripts and one supporting letter are required for each nominee. The IANR Graduate Fellowship Committee will review the applications within two weeks of receipt of nomination. Include any other supporting materials and nominations the department would like to provide.

PLEASE TYPE OR PRINT

**Student Information**

Student's Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (Apt) (C ity) (State) (Zipcode)

Degree Objective: MS or PhD in \_\_\_\_\_  
(Program Name)

Start Date: \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_ GPA: \_\_\_\_\_  
(month/year) (month/year)

Adviser Name: \_\_\_\_\_ Adviser Phone: \_\_\_\_\_

**Departmental Information/Commitment**

Proposer: \_\_\_\_\_

Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Assistantship Amount: \$ \_\_\_\_\_ Duration: \_\_\_\_\_

GRA or GTA (Select one) Department Name: \_\_\_\_\_

FTE: \_\_\_\_\_ Source of Funds: \_\_\_\_\_ Departmental Priority Rank: \_\_\_\_\_

**Department and Institute Approval**

Approval signifies that if a graduate fellowship is funded, the department's cost share will be met by the proposing department.

Graduate Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

IANR Graduate Fellowship Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_