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 before the start of the student's first semester:

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 CASNR Graduate Fellowship Committee routinely considers nominations of a monthly basis. Include any other supporting materials and nominations the unit would like to provide.

PLEASE TYPE OR PRINT

Student Information

Student's Name:_____
(Last) (First) (MI)

Address:_____
(Street) (Apt) (City) (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:_____