**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, to:

CASNR Graduate Fellowship Committee

c/o Melissa Sailors

Office of the Dean or Melissa.sailors@unl.edu

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 on 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:      \_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Information/Commitment

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

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

Assistantship Amount:$     \_\_\_\_\_\_\_\_\_\_\_Duration:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Unit 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:      \_\_\_\_\_\_\_\_\_\_

Unit Head:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:      \_\_\_\_\_\_\_\_\_\_