**Milton E. Mohr Fellowship**

**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, 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 2-page resume (including relevant teaching experience), transcripts and one supporting letter documenting the candidate’s previous teaching experience or teaching interest are required for each nominee. The CASNR Graduate Fellowship Committee routinely will review the applications within two weeks following the indicated deadline.

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:      \_\_\_\_\_\_\_\_\_\_