



Doctoral Fellowship Packet Checklist

Department/Program: _____

Nominee Last Name: _____ Nominee First Name: _____

DAWG Tag #: _____

Please check off appropriate box when each document has been included in the packet.

ALL DOCUMENTS below MUST be included in the fellowship packet to be processed. Please arrange documents in order listed below. Packets with incomplete or missing documents will be returned which will delay the fellowship selection process and may even render the student ineligible depending on which documents are missing.

If you have questions, please contact the GA Office at (618) 453-4555.

REQUIRED DOCUMENTS:

Fellowship Packet Checklist

Application for Fellowship Award

Nominee's Personal Statement

Nominee's CV

Program's Fellowship Nomination Form

Nominee's Letters of Recommendation (3)

Nominee's Copies of Official Transcripts (*for ALL degree granting institutions*)

Nominee's Copies of Official Standardized Score (*recommended but not required*)

Preparer Information for Questions/Problems:

Packet Prepared By: _____

Preparer's Phone: _____

Preparer's Email: _____

Preparer's Mail Code: _____



**Doctoral Fellowship
Nominee's Personal Statement**

PLEASE REPLACE THIS PAGE WITH NOMINEE'S PERSONAL STATEMENT
(Three page maximum)



**Doctoral Fellowship
Nominee's Curriculum Vitae**

PLEASE REPLACE THIS PAGE WITH NOMINEE'S CURRICULUM VITAE



**Doctoral Fellowship
Departmental Nomination Form**

Department/Program: _____

Prepared by: _____

Preparer Phone: _____

Nominee Last Name: _____

Nominee First Name: _____

DAWG Tag #: _____

Master's Major: _____

Date of Degree: _____

Graduate GPA: _____

GRE/MAT/GMAT results (recommended but not required):

GRE: V% _____ Q% _____ A% _____

MAT: _____

GMAT: V% _____ Q% _____ W% _____

Departmental Rank: _____ of _____

PLEASE TYPE the reasons the student is being nominated and the basis for program ranking (attach second page if needed):

FOR PROGRAM SIGNATURE

Your signature confirms that your program has accepted this student for the above degree program, and that the program is making the above commitment in nominating the student for the above fellowship award(s).

Program Chair or Director of Graduate Studies

Date

Program



**Doctoral Fellowship
Nominee's Letters of Recommendation**

PLEASE REPLACE THIS PAGE WITH NOMINEE'S LETTERS OF RECOMMENDATION
(Three letters of recommendation are required)



**Doctoral Fellowship
Nominee's Transcripts**

PLEASE REPLACE THIS PAGE WITH NOMINEE'S TRANSCRIPTS

(Must include copies of transcripts from ALL degree granting institutions)

(Transcripts from SIU can be unofficial)



**Doctoral Fellowship
Nominee's Official Standardized Test Score Transcript**

**IF APPLICABLE PLEASE REPLACE THIS PAGE WITH COPIES OF OFFICIAL
STANDARDIZED TEST SCORE**

(recommended but not required)

(Acceptable standardized tests: GRE, MAT, or GMAT)