

 GRADUATE SCHOOL
 618/536-7791

 STUDENT SERVICES BUILDING
 618/453-4562
MAIL CODE 4716 1263 LINCOLN DRIVE CARBONDALE, ILLINOIS 62901

gradschool.siu.edu

Willis Swartz Graduate Student Scholarship Award Nomination Form

This form must be completed by the student's academic unit.

Student Name:				
	First		MI	Last
Dawg Tag #:	Email:			
Phone				
Degree Level:	Master's	Doctoral	Program/Major:	
Citizenship:	U.S. Citizen	Permar	nent Resident of U.S.	Non-U.S. Citizen
	Country:			
Starting Semester:				
Nominated by:				
Name:			Univers	-
(Di	rector of Graduate Stu	idies/Director	of Program) Tit	le:
Phone:	Email:			
Signature:				Date:

Required Documents:

1. Applicant's one-page biographical statement, which should include, but may not be limited to, the following: graduate research interests, academic achievements, honors, awards, publications, and extracurricular activities.

- 2. Copies of all transcripts.
- 3. This nomination form.

Submit all nomination documents in one PDF, by October 13, 2023 to: gradschl@siu.edu