

KENT STATE UNIVERSITY
 DIVISION OF RESEARCH AND GRADUATE STUDIES
 UNIVERSITY FELLOWSHIP NOMINATION FOR SPRING 2007

(Please **ATTACH VITA** and RETURN ALL REQUIRED DOCUMENTATION BY: FRIDAY, MARCH 17, 2006)

NOM'S. NAME: _____ SOCIAL SECURITY #: _____
(LAST First MI Mr / Ms)

LOCAL STREET ADDRESS: _____

P O BOX/APARTMENT #: _____

CITY/STATE/ZIP CODE: _____ HOME PHONE: _____
Area Code Number

DOCTORAL DEPT: _____ *DEGREE PROGRESS:*
 DATE PASSED DOC. CANDIDACY EXAM: _____

DISSERTATION ADVISOR: _____ DATE DISSERTATION PROPOSAL APPROVED: _____

DEPT PHONE: _____ DEPT FAX #: _____

YOUR E-MAIL ADDRESS: _____

<i>UNDERGRADUATE STUDIES:</i>	INCLUSIVE DATES	SEMESTER	GPA	DEGREE
INSTITUTION:	<i>(From/To: Mo/Yr)</i>	HOURS:		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

UNDERGRADUATE AWARDS AND ACHIEVEMENTS:

<i>GRADUATE STUDIES:</i>	INCLUSIVE DATES	SEMESTER	GPA	DEGREE
INSTITUTION (Include KSU):	<i>(Month/Year)</i>	HOURS:		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GRADUATE AWARDS AND ACHIEVEMENTS:

ADVISOR'S APPRAISAL OF NOMINEE'S QUALIFICATIONS

SIGNED: _____ DATE: _____

GRADUATE COORDINATOR'S APPRAISAL OF NOMINEE'S QUALIFICATIONS

SIGNED: _____ DATE: _____

NOMINEE'S PLANS FOR USE OF THIS FELLOWSHIP

SIGNED: _____ DATE: _____
(Nominee)