

2010-2011

departmental nomination form

Degree program for which the student has been admitted (check one): Doctoral Master's

Special programs that this student is eligible for (check all that apply - see Guidelines for details):

AmeriCorps/Vista/Teach for America Marshall McNair Ridgel

Nominee's Full Name:

_____ (Last)

_____ (First)

_____ (Middle)

MU Student ID Number: _____

MU Department: _____

Accepted Into Degree Program:

Masters PhD MD/PhD EdD Date Accepted: _____

Permanent Address: _____

City/State/Zip: _____ Telephone: _____

Local Address: _____

City/State/Zip: _____ Telephone: _____

Colleges/Universities Attended: (List most recent school first; list more information about additional schools on separate page, and include electronic (.jpg, .tif, .bmp, .pdf) copies of official transcripts from each school.)

Institution Name: _____

Dates Attended: _____ Department: _____

Degree Program: _____ Degree Received: _____

Cumulative GPA: _____ Major Field: _____ GPA in Major Field: _____

Colleges/Universities Attended (cont.)

Institution Name: _____

Dates Attended: _____ Department: _____

Degree Program: _____ Degree Received: _____

Cumulative GPA: _____ Major Field: _____ GPA in Major Field: _____

Is this student an applicant for any of the following fellowship funding programs? _____ MBRTI _____ Life Sciences

Program Selected by the Department to Designate Its Commitment: *(check one; required information; please consult Graduate Fellowships Guidelines booklet for full explanation of conditions of offering and renewing fellowships)*

a. _____ Enhanced Cost-Share Program:

Doctoral Candidates: Five years @ \$13,500: Yrs 1, 2, 5 – Graduate School; Yrs 3 & 4 – Department. The department hereby commits to providing \$13,500/year for Years 3 & 4, with a teaching or research assistantship or other means of support. If awarded a Ridgel fellowship, funding is five years @ \$15,500. Yrs 1, 2, 5 – Graduate School, Yrs 3 & 4 – Department provides a teaching or research assistantship or other support at the most competitive level in the department but at least \$13,500.

b. _____ Supplemental Cost-Share Fellowship Program:

Masters Candidates: One year @ \$5,000 – Graduate school support of \$5,000 per year for up to two years (maximum of \$10,000) to be matched by the department. See guidelines for further details.

Doctoral Candidates: Five years @ \$8,000/year each – Graduate School and department cost-share equally. The department hereby commits to matching with an equal amount for each of the five years, with a teaching or research assistantship or other support. If awarded a Ridgel fellowship, funding is five years @ \$10,000 and the department commits to matching with a teaching or research assistantship or other support at the most competitive level in the department but at least \$8,000.

c. _____ Special Program: AmeriCorps/VISTA

Signature: Your signature confirms that the student has completed the MU Graduate Application Form, your department has accepted this student for the above degree program, and that the department is making the above commitment in nominating the student for a fellowship from the Graduate School.

Department Chair Name (printed)

Director of Graduate Studies Name (printed)

Department Chair Signature

Director of Graduate Studies Signature

Date

Date

Chancellor's Gus T. Ridgel Fellowship

Statement of Native American Eligibility

- (1) According to the definition by the Office for Civil Rights of the U.S. Department of Education, "Native American" refers to persons whose origins stem from the original natives of North America, and who maintain cultural identification through tribal affiliation or community recognition. In granting a scholarship/fellowship, the Graduate School requires that applicants claiming Native American eligibility must be at least 1/12th Indian; be affiliated with a federally or state recognized Indian tribe or group; and demonstrate through letters of recommendation and other credible means maintenance of his/her cultural heritage. Please indicate the quantum of your Indian blood:

_____ 100% _____ 75% _____ 50% _____ 25% _____ 8.3% (1/12th)

- (2) Please provide copies of each of the following documents to verify your eligibility:
- Copy of Certificate of Degree of Indian Blood (CDIB) card from the Bureau of Indian Affairs of the U.S. Department of the Interior
 - Copy of your tribal membership card from a federally or state recognized tribe, band or other recognized group of Indians.
 - Letters or other indication of cultural affiliation.
- (3) If you cannot provide the documents in item 2, what official documents are you providing to verify your eligibility?

- (4) Sign and date this form and submit it with the nomination form.

Applicant's Name (printed)

Applicant's Signature

Date