For fellowship nominees entering 2021-2022 academic year

**Departmental Nomination Form**

Nominee’s Full Name:

<table>
<thead>
<tr>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
</table>

Nominee’s Preferred Name (optional): ____________________________

**MU Student ID Number:** _________________________

**MU Department:** ____________________________________________

**Degree program for which the student was admitted (check one):**

<table>
<thead>
<tr>
<th>Master’s/EdS</th>
<th>PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

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

- AmeriCorps/Vista/Teach for America
- Marshall
- McNair
- Ridgel

**Is the student a TigerView participant?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
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</tbody>
</table>

**Nominee’s Email:** ____________________________________________

**Nominee’s Telephone:** _________________________

**Colleges/Universities Attended (list most recent first):**

**Institution Name:** ____________________________________________

**Dates Attended:** _________________________ **Department:** _________________________

**Degree Program (if different than department name):**

**Degree Received (e.g., MA):** _____ **Cumulative GPA (out of 4.0):** _____ **GPA in Major (out of 4.0):** _____
Institution Name: ____________________________________________________

Dates Attended: ___________________________ Department:____________________

Degree Program (if different than department name):______________________________

Degree Received (e.g., MA): _____ Cumulative GPA (out of 4.0): _____ GPA in Major (out of 4.0): _____

Institution Name: ____________________________________________________

Dates Attended: ___________________________ Department:____________________

Degree Program (if different than department name):______________________________

Degree Received (e.g., MA): _____ Cumulative GPA (out of 4.0): _____ GPA in Major (out of 4.0): _____

Signature:

Your signature confirms that (1) the student has completed the MU Graduate Application Form, (2) your department has accepted this student for the above degree program, (3) your department is committed to supporting the student according to the fellowship guidelines, including providing the student with a graduate assistantship.

______________________________________________________________
Department Chair/Director Name (printed)

______________________________________________________________
Director of Graduate Studies Name (printed)

______________________________________________________________
Department Chair/Director Signature

______________________________________________________________
Director of Graduate Studies Signature