**NOMINATION FORM:**

**ANDREWS DOCTORAL FELLOWSHIP PROGRAM**

**Instructions for Nominating Andrews Fellows**

**To nominate students for the Andrews Doctoral Fellowship Program, please complete this nomination form and attach the following supporting documentation: (1) two letters of recommendation, (2) a statement of purpose from the student (this can be from the graduate application), and (3) a copy of the nominee’s transcripts. Directors of Graduate Programs should e-mail completed nomination forms to the attention of Dr. David Shafer, Assistant Dean, at** [**david\_shafer@ncsu.edu**](mailto:david_shafer@ncsu.edu)**.**

**1. Personal Data**

**Name of Applicant** Last First Middle

**Student ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street/Box City/Town State Zip

**Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street/Box City/Town State Zip

**Home Telephone** **Office Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisor's E-Mail Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Education**

# Name of School/Location Attendance Degree Received

# From To Degree Major Date

1

2

3

4

**ANDREWS DOCTORAL FELLOWSHIP PROGRAM**

**GRE Scores: Verbal**\_\_\_\_\_\_\_\_**Quantitative**\_\_\_\_\_\_\_\_ **Analytical/Writing**\_\_\_\_\_\_\_\_

**GRE Percentiles: Verbal**\_\_\_\_\_\_\_% **Quantitative**\_\_\_\_\_\_\_\_% **Analytical/Writing**\_\_\_\_\_\_\_\_%

**Undergraduate Cumulative GPA\_\_\_\_\_\_\_\_ Out of Possible \_\_\_\_\_\_\_\_\_**

**Graduate Cumulative GPA Out of Possible\_\_\_\_\_\_\_\_\_**

**Graduate Credit Hours Taken**

**3. Activities, Memberships, Honors, Awards**

**4. Publications and Academic Presentations**

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**I agree to all the following conditions if the nominee is selected as an Andrews Doctoral Fellow:**

a. Provided that the Fellow is making satisfactory academic progress, the graduate program will provide him or her with continuing stipend, tuition, and health insurance support for an additional 2 years for students already possessing a master’s degree and 4 years for those not already possessing a master’s degree.

b. Graduate program support after the one-year Andrews fellowship will be in the form of a TA, RA, or Fellowship and will be in an amount equal to or greater than the average level support for other TA’s/RA’s/Fellows in the same graduate program.

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Director of Graduate Programs or Department Head

(Appropriate Authorizing Official Should Sign)

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