GRADUATE COLLEGE
THE UNIVERSITY OF IOWA
Iowa City IA 52242-1320

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APPLICATION FOR GRADUATE AWARDS

DEPARTMENT OF _____

TO BE COMPLETED BY APPLICANT

By checking preference order for the following (list #1 for 1st choice, #2 for 2nd choice, etc.), I understand that I will be considered for all awards for which I am eligible and qualified. (For teaching and research assistantships, please check either ½ or ¼ time.)

_____ Tuition Scholarship
_____ Fellowship or _____ Traineeship
_____ Teaching Asst. _____ ½ T. _____ ¼ T.
_____ Research Asst. _____ ½ T. _____ ¼ T.
Circle & Complete:
Acad. Yr. —1st Sem. —2nd Sem. —Sum. 20 ____ 20____

APPLICANT INFORMATION: This application for graduate award should be forwarded directly to the departmental executive officer in the area of your interest. Your application for admission to the Graduate College and transcripts of all previous undergraduate and graduate work you have undertaken must be sent to the Director of Admissions simultaneously with or prior to the submission of this financial assistance request if you are a new entering student. All re-enrolling students should submit this request directly to their department.

1. _____ Social Security Number
Last Name First Middle

2. _____
Present Street Address City State ZIP

3. _____
Home Address City State ZIP

4. Date of Birth _____ Place of Birth _____ Email: _____

5. Degree Objective: _____Masters _____Ph.D. Field of Interest: _____ Major Area:_____

6. Career Objective: College Teaching _____ Other _____

7. Estimated Date of Program Completion _____ 20 _____

8. Are you a citizen of the United States? _____ If not, what type of visa do you hold? Which country? _____

The University of Iowa requests this information for the purpose of processing your application. No persons outside the University are routinely provided this information. Responses to all items are required.

_____ _____
Signature of Applicant Date

AFTER COMPLETING DOWN TO THIS LINE, PLEASE MAIL DIRECTLY TO YOUR DEPARTMENT OF INTEREST

DEPARTMENTAL SECTION: **(DO NOT DETACH)**

Executive officers should forward 1 copy of this form to the Dean of the Graduate College for Scholarships, Fellowships, Traineeships, and Research Assistantships. Applicants not recommended for appointment should be so informed by the executive of the major department as soon as possible, preferably before April 15.

Information on Above – Named Applicant:

1. _____ _____ _____
Undergraduate College — Degree Received Date Major Department Grade Point Average

2. _____ _____ _____
Other Graduate College — Degree or Hours Date Major Department Grade Point Average

3. _____ _____ _____
U of Iowa Graduate — Degree or Hours Date Major Department Grade Point Average

4. Objective Test Data: GRE: V. . . . . Q . . . . . A. . . . . Adv Code . . . . . Adv Score . . . . . GMAT: V . . . . . Q . . . . . T . . . . .

This Department Recommends the above-named applicant for consideration for the following appointment/award:

A. Awards from Block Allocation Session
_____ Tuition Scholarship $_____ _____
_____ Research Ass'tship $_____ _____
_____ ½ T. _____ ¼ T. _____ 1/3 T.
_____ Graduate College $ _____ _____
Fellowship

B. Presidential Graduate Fellowship Assignment
_____ Fellowship (1st year)
_____ TA (Dept. Budget)
_____ RA (Block Allocation)
$ _____
_____ Fellowship (final year)

C. Other Award
(Specify)
$_____
_____

_____ _____
Signature of Department Executive Date