

Supplemental Graduate Fellowship and Recruitment Funding Program

Submit a single PDF document that includes the signed electronic copy of this form, a narrative proposal, and the student data report
by 12 PM (CST) on Friday, November 18, 2016

Name of Graduate Department: _____

School/College: _____

Amount of money requested: _____

Number of Fellowships within that amount
(only for proposals wishing to grant proposals to specific students): _____

Signature of Director of Graduate Studies

Date

DGS's Campus Address

Department Chair's
Signature

Date

Chair's Campus Address