



# SUPPLEMENTAL GRADUATE FELLOWSHIP AND RECRUITMENT FUNDING PROGRAM

NAME OF GRADUATE DEPARTMENT/  
PROGRAM

SCHOOL OR COLLEGE

NUMBER OF FELLOWSHIPS WITHIN THAT  
AMOUNT (ONLY FOR PROPOSALS WISHING  
TO GRANT FELLOWSHIPS TO SPECIFIC  
STUDENTS)

AMOUNT OF MONEY REQUESTED



SIGNATURE OF DIRECTOR OF GRADUATE STUDIES

PRINT NAME

CAMPUS ADDRESS

DGS EMAIL

DEPARTMENT CHAIR/DIRECTOR SIGNATURE

DATE