



COLLEGE OF LIBERAL
ARTS AND SCIENCES

APPLICATION FOR SUPPORT OF GRADUATE STUDY
Department of Political Science
Graduate Program

STUDENT INFORMATION

Date:

Name:

Student ID:

Address:

Telephone:

Email Address:

Permanent Address:

Country of Legal Residence:

Advisor's Name:

ARE YOU APPLYING FOR: (Please Check)

Fellowship?

Graduate Assistantship?

Summer Fellowship?

ACADEMIC REFERENCES: (List faculty members who best know your work.)

- 1.
- 2.
- 3.

FINANCIAL INFORMATION: (List below all financial awards received by the university.)

Title	Beginning Date	Ending Date
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CURRENTLY ENROLLED COURSES: (List below courses you are currently enrolled in.)

Course	Title	Instructor
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Please indicate other information regarding your financial need which you would like to have taken into account in the evaluation of this application. Attach additional sheet.