

Presidential Fellowship Department Nomination

Summary Form

(This form must accompany all nominations)

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Nominee Information

Full Name:					Student ID):				
Mailing Address:										
City:			State:		Zip Code:					
Country:		Texas			Resident Non-Resident					
Graduate Program: Semester entering the Graduate Program at UH:										
N										
Nominator			T 111.							
Name:			Title:							
Department:	UH Pr	UH Phone #:								
Letters of Recommendation										
1-Faculty Name:	Affiliation:									
2-Faculty Name:				Affiliation:						
3-Faculty Name:		Affiliation:								
		1								
Previous Institutions										
BS:			Other:							
MS:		Other:								
Academic Information and T	est Scores									
B.S. Cumulative GPA:		M.S. Cumulative GPA:								
GRE Total:	Verbal:			Quan	titative:					
TOEFL Total:		IELTS Total:								
Other:	1									
Employment										
Title of Graduate Appointment: (c	heck one)	RA/TE			IA	TA	TF			
Stipend of Graduate Appointment	t:									