



UNIVERSITY OF
TEXAS
ARLINGTON

OFFICE OF
GRADUATE STUDIES

Nomination Form Summer 2021 Dissertation Fellowship

Students/Faculty: This form and all supporting documentation must be submitted to your College or School. Forms submitted directly to the Office of Graduate Studies will not be considered. Please contact your department's Graduate Advisor for additional information and application deadlines.

TO BE COMPLETED BY NOMINEE:

Date: _____ Student ID (1000#) _____

Name of Nominee _____
(Last) (First) (Middle)

Email Address: _____

Department: _____

Dissertation Title:

Date of approval of dissertation proposal/prospectus: _____

Has all research needed to complete the dissertation been finished? Yes No

Please circle either **YES** or **NO** to indicate whether you and your advisor are committed to assuring that you will graduate in the Summer 2021 Term. If you circle NO, please indicate the month and year you expect to complete. _____

To receive this Fellowship, all non-US citizens must either have applied for OPT or H1B status (that starts no later than 60 days after the PhD is conferred) or indicate that they will leave the United States shortly after graduating in the Summer Term. If you have not

I have applied for OPT to start on the following date
(type N/A if you do not intend to apply): _____

If you have **not** applied for OPT or H1B status it is assumed that you plan to leave the University and depart from the United States after you complete your degree in August

STUDENT ACKNOWLEDGEMENT:

I understand that the intent of this award is to provide financial assistance enabling me to complete the final stage of my doctoral studies. If I do not complete by my anticipated graduation date indicated above, I may not be eligible for financial support in the future unless unexpected problems or issues caused the delay.

1. The award **will not be renewed, extended, or delayed under any conditions.**
2. I can only receive the Dissertation Fellowship once.
3. I will hold no other forms of paid employment while a Dissertation Fellow.
4. I will enroll in at least 3 hours of dissertation research during the upcoming Summer Term.
5. The cost of tuition will be paid out of the Fellowship funds awarded.
6. I understand that my department may not provide me further financial support if I do not complete in my anticipated graduation term.

(Student Signature)

(Date)

TO BE COMPLETED BY THE NOMINATING DEPARTMENT (Supervising Professor and Graduate Advisor)

We support this nomination for a Dissertation Fellowship. The nominee is in good academic standing and is prepared and approved to concentrate fully on dissertation work. We have carefully examined the student's proposal and progress to-date and believe the nominee will be able to complete and successfully defend the dissertation to graduate by the end of the Summer Term or in the following Fall or Spring Term. Failure to complete by the intended date of graduation specified in the application may end consideration for future financial support for this nominee unless extraordinary events delayed the student's completion. Finally, if the nominee is an international student, we have determined that he or she has applied for OPT or H1B to start after graduation or intends to leave the United States.

Supervising Professor:

Name: _____

Email: _____

Signature: _____ Date _____

Graduate Advisor:

Name: _____

Email: _____

Signature: _____ Date: _____

NOMINATION AND RANKING (To be completed by College or School Selection Committee)

The selection committee of the _____
(Name of College or School)

nominates this student for a Dissertation Fellowship. He/she is currently enrolled, is in good academic standing and is fully prepared and approved to concentrate on completing his /her dissertation. After careful evaluation, we expect the dissertation will be completed and successfully defended by the end of the Summer, 2021 Term or in the following Fall or Spring Term. This nominee's dissertation work is well-advanced and is unlikely to be delayed by unexpected problems or unresolved issues with research or analyses. *We understand that the recipient may not be eligible for further financial support if he/she fails to complete and graduate by the intended date of graduation specified in the application.*

This nominee is ranked _____.

Chair of Selection Committee:

Name: _____

Email: _____

Signature: _____ Date: _____