SREB Doctoral Scholars Program at the University of Mississippi

Nomination Form

To nominate a graduate student for the Doctoral Scholars Program, please complete this form and attach the following supporting documentation:

♦ One-page statement of interest and justification for participation in this program from the nominee
♦ Letter of recommendation from the nominee’s prospective advisor

This form and supporting materials should be compiled into a single pdf document and e-mailed to Michelle Dickson in the Graduate School at mdickson@olemiss.edu. The nomination deadline is March 1st for scholars beginning their programs in the Fall semester.

Decisions on whether or not to accept a nominee into the Doctoral Scholarship Program will be based on the information requested above, as well as materials included in the nominee’s graduate application. Please do not submit a copy of the student’s application for graduate admissions. These materials will be provided by to the selections committee by The Graduate School.

1. Personal Data
   Student’s Name: ________________________________________________
                             Last                                    First                Middle

   Application Number: __________________________

   Email Address: ____________________________

   Graduation Program: ________________________________

   Present Status: _______ U.S. Citizen     ___ Permanent Resident of USA

   Prospective Advisor’s Name: ________________________________
Prospective Advisor’s email address: ____________________________________________

2. **Statement from Nominee’s Graduate Program**

I understand and agree to the following terms and conditions:

A. During the scholar’s first year, he or she will receive a fellowship carrying a stipend of $20,000, plus academic year tuition and health insurance.

B. Subsequent years of support will be provided by a scholar’s faculty mentor, graduate program and/or college, and may be in the form of a TA, RA or GA. Scholars will continue to receive support (contingent on satisfactory academic progress and availability of funds) for a period of up to three years.
The UM Institutional SREB Doctoral Fellowship Program

Nomination form

Signed ___________________________________________ Date________________

Scholar’s Advisor

Signed ___________________________________________ Date________________

Department Head

Statement from Nominee

- I will register full time during the period of my participation as a Doctoral scholar.
- I am interested in pursuing a Ph.D. and a faculty career.
- I understand that I will be considered a Doctoral Scholar for the duration of my graduate degree program at University of Mississippi and will fully participate in all of its program components, including, but not limited to the following:
  1. Brownbag lunches and Scholars networking activities
  2. SREB’s annual Institute on Teaching and Mentoring

Signed ___________________________ Date ______________

Nominee