

Graduate Student Nomination Form

Note: Fields marked with a star (*) are required.

Department Information	
Date (mm/dd/yyyy):	
*Program:	
*Program Director:	
*Fellowship Type (Trustee, Bunche, Hazel)	
Student Information	
*Student's Name:	
Student's RUID:	
*Current or School Address:	
Date until which current address is valid (mm/dd/yyyy):	
Permanent Address:	
*NJ Resident?	<input type="radio"/> Yes <input type="radio"/> No
GRE scores:	Verbal: <input type="text"/> Quantitative: <input type="text"/> Analytical Writing: <input type="text"/> Subject: <input type="text"/>
*Gender:	<input checked="" type="radio"/> Female <input type="radio"/> Male

(Continued)

*Ethnicity:	
U.S. Citizen?	<input type="radio"/> Yes <input type="radio"/> No
If not a U.S. Citizen, indicate country of citizenship:	
Date of birth: (mm/dd/yyyy)	
*Completed FAFSA?	<input type="radio"/> Yes <input type="radio"/> No
Comments/Notes:	

To be completed by the Graduate School Office ONLY

Awarded? Yes No

Award Date: _____

Associate Dean Signature