

UTD Doctoral Scholarship Reapplication for Collin Faculty Members

NOTE: Applicants MUST be full-time Collin faculty members and must already be admitted to UTD.

Please return this reapplication form with a copy of transcripts to the appropriate Academic Dean by September 1 (for either a Spring or Summer program start) or by February 1 (for a Fall semester program start).

TODAY'S DATE:				
NAME OF APPLICANT:				
UTD STUDENT ID NUMBER:				
DISCIPLINE OF DOCTORAL PROGRAM:				
PRIMARY COLLIN DISCIPLINE:				
DEPARTMENT:	CAMPUS:			
DATE HIRED FULL-TIME AT COLLIN COLLEGE:				
Number of hours completed towards doctoral degree	e: GPA:			
Number of faculty members with a doctoral degree in your department at Collin:				
Number of FT faculty members without a doctoral degree in your department at Collin:				

FIVE YEAR PLAN:

SEMESTER	COURSES (number/title) TO BE TAKEN
	SEMESTER

COMPLETE THIS SECTION IF YOU HAVE PREVIOUSLY RECEIVED THIS SCHOLARSHIP AND ARE APPLYING FOR A SUBSEQUENT YEAR

Re-application:				
Year 2	Year 3	Year 4	Year 5	
Complete the chart to shapproval.	now courses taken. A	ttach current transcript	and submit for Dean's	
Semester		Course Taken	Grade	е
If you have dropped a co	ourse, explain your re	easons.		
Signature of Applicant			Date	
Signature of Dean			Date	
Signature of Vice Presid	ent/Provost		Date	
Signature of Executive \	/ice President		Date	
Signature of President		_	 Date	