

UTD Doctoral Scholarship Reapplication for Collin Administrators



NOTE: Applicants MUST meet eligibility criteria upon application.

Please return this application form with a copy of your most recent transcript to Sheri Eadie in the Professional Development Office by **September 1 for Spring/Summer and by May 29 for Fall.**

TODAY'S DATE: _____

NAME OF APPLICANT: _____

UTD STUDENT ID NUMBER: _____

DATE HIRED FULL-TIME AT COLLIN COLLEGE: _____

JOB TITLE: _____

DISCIPLINE OF DOCTORAL PROGRAM: _____

DEPARTMENT: _____ CAMPUS: _____

ACADEMIC PLAN AND PROGRESS:

List your academic plan for completing required doctoral coursework (to a maximum of five years):

DATES	SEMESTER	COURSES (number/title) TO BE TAKEN

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

Number of hours completed towards doctoral degree: _____

GPA: _____

Complete the chart to show courses taken. Attach current transcript and submit for approval.

Semester	Course Taken	Grade

If you have dropped a course, explain your reasons.

SERVICE AND INVOLVEMENT:

List your service to and involvement in the campus community that goes above and beyond the scope of your current position:

Service or Involvement	Length of Time

BENEFITS AND APPLICABILITY OF DOCTORAL DEGREE:

Please attach a brief narrative describing why you are pursuing a doctoral degree, the applicability of the doctoral program course content to your current position and how a doctoral degree will benefit your administrative performance at Collin.

Signature of Applicant

Date

I support this application for a UTD Doctoral Scholarship.

Signature of Leadership Team Member

Date

Signature of Selection Committee Representative

Date

Signature of Executive Vice President

Date

Signature of District President

Date