

# UTD Doctoral Scholarship Application 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.

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**Signature of Applicant**

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**Date**

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**I support this application for a UTD Doctoral Scholarship.**

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**Signature of Leadership Team Member**

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**Date**

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**Signature of Selection Committee Representative**

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**Date**

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**Signature of Executive Vice President**

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**Date**

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**Signature of District President**

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**Date**