

**Graduate Studies
Institute OR Endowed
Fellowship Nomination Form**

Name of student _____ ID _____

Dept _____ Major _____ Degree _____

Semester of Entry _____ (student's first semester at WPI as a graduate student)

Name of Fellowship _____

If this fellowship is not available to this student, would you like this student to be considered for other endowed fellowships? YES NO

Has the student already been offered a TA or RA position? _____

If YES, circle one TA RA

Either the department head or the graduate coordinator must sign this form before sending to the Office of Graduate Admissions.

Department Head Signature

Graduate Coordinator Signature

Date of nomination _____

**Please send by intercampus mail or fax to 831-5717
Office of Graduate Admissions
Must be received by January 15**