



# Graduate Research Fellowship Program

Angelo State University  
College of Graduate Studies  
ASU Station #11025  
San Angelo, TX 76909  
(325) 942-2169

Respond to all items.

## PERSONAL INFORMATION

Campus ID Number \_\_\_\_\_

### PRINT FULL LEGAL NAME

Mr.

Ms.

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

### Current Mailing Address:

\_\_\_\_\_ Number & Street, P.O. Box, etc.

\_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

### Permanent Home Address: (if different)

\_\_\_\_\_ Number & Street, P.O. Box, etc.

\_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

### E-mail address:

\_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_ Cell Phone Number

Texas Resident?

Yes

No

U.S. Citizen?

Yes

No

\_\_\_\_\_ If no, identify country

At the conclusion of the current semester, how many semester credit hours will there be remaining in your degree program? \_\_\_\_\_

If you are an undergraduate student applying for a graduate research scholarship, have you applied for admission to the ASU College of Graduate Studies? Yes No Have you been admitted? Yes No

## FACULTY SUPERVISOR FOR RESEARCH PROJECT

Name:

Department:

Faculty Mentor's Signature:

## APPLICANT'S SIGNATURE AND DATE

The information given in this application is to be used for consideration for my Graduate Research Fellowship at Angelo State University and is correct to the best of my knowledge. I understand and agree that the decision made on my application by the University will be final and that all application materials submitted shall become the property of Angelo State University.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date