



Area/Program \_\_\_\_\_ Degree Goal \_\_\_\_\_

If the Master's degree is your immediate goal, do you plan to continue for a doctoral degree at Berkeley? Yes \_\_\_\_\_ No \_\_\_\_\_

When did you first register as a **graduate** student at Berkeley? \_\_\_\_\_

When did you last register at Berkeley, **if not currently enrolled**? \_\_\_\_\_

Date or anticipated date of advancement to candidacy (DOCTORAL DEGREE) \_\_\_\_\_

Career Goal: (*check all that apply*)

\_\_\_\_ Elementary/Secondary School Teacher      \_\_\_\_ Government Service

\_\_\_\_ College Professor      \_\_\_\_ Research

\_\_\_\_ Other: \_\_\_\_\_

(please specify)

**Letter of recommendation:**

Please provide the name of the person who will be writing your letter of recommendation.

**Note:** Recommendation Form *and* Letter are required

Recommender: \_\_\_\_\_

## SCHOLARLY ACHIEVEMENTS

- A. Describe any research or *teaching experiences* you have pursued while a graduate student at Berkeley, including Graduate Student Research (GSR) positions, Graduate Student Instructor (GSI) positions, and volunteer activities of this nature. Include time period of involvement, nature of your activity, and name of supervising faculty if applicable.
- B. Provide citations for *professional presentations* undertaken as a graduate student. Include author names, date of presentation, presentation title, and presentation venue.
- C. Describe any form of education-related *community involvement* that you have pursued as a graduate student (e.g., consultation with after-school center).
- D. Provide citations for *professional publications* undertaken as a graduate student. Also include other journal review and publication related activities.
- E. Describe any form of *participation on GSE or UCB-wide committees*, (e.g., student representative on a faculty search committee).
- F. Describe your *academic goals* for the past year and indicate how your activities helped you move towards achieving those goals, as well as any obstacles along the way. What are your plans for the coming year and how do they fit into your long-term professional objectives? Please limit your response to a single page.
- G. Please indicate any courses in which you have an *incomplete*, and describe your plan to complete the work.

H. Please describe all *academic milestones* you have reached: entered Ph.D. program; completed course work; submitted position paper (s), one, two and/or three, (with the titles & readers) of position papers; passed oral exam (date); proposal approved, etc.

Semester Completed	Milestones:
Fall	Entered PhD program

## EMPLOYMENT EXPERIENCES AND SOURCES OF FUNDING

- I. Please indicate the graduate fellowships or scholarships you have received as a graduate student at Berkeley. Under “type” please specify “multi-year award, GOP, Flanders, University Fellowship (Block Grant) Departmentally Restricted, Spencer, Summer Fellowship, CAESL, etc., or Other, with details on the granting source.

Semester/year	Type of award	Funding Source	Amount

- II. Please indicate any GSR or GSI appointments you have held as a graduate student at Berkeley.

Semester/year	Type (GSR/GSI)	% time	Faculty Supervisor

- III. Please list occupations, other than that of student or a GSR/GSI, in which you have engaged while a graduate student at Berkeley, including consultant work, teaching outside of UCB, etc.

Semester/year	Type of work	%time	Employer

**FINANCIAL RESOURCES & EXPENSES**  
**Fall Semester 2018 & Spring Semester 2019**

<b>Resources:</b>	
List only those resources that are assured at this time. Provide estimates if exact figures are unknown	Amount
Aid from family	\$
Academic year gross earnings	\$
Projected Summer 2017 gross earnings:	\$
Dividends & interest:	\$
<b>Expenses:</b>	
Do not include regular living expenses	
Local Travel	\$
Medical and Dental	\$
Child Care	\$
Other liabilities	\$
<b>Other Income:</b>	
(fellowship, Financial Aid, etc.) specify aid type- BG, CAESL, Dept. Restricted, DNTF/DCP, Spencer, GOP, Multi-Year , NSF, etc	
	\$
	\$
	\$
	\$
Assets: cash, savings, checking accounts	\$
Stocks/Bonds/Trust fund Income:	\$

I certify that all of the information on this form is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TYPES OF AWARDS

### UNIVERSITY FELLOWSHIPS/DEPARTMENTALLY RESTRICTED AWARDS

**Eligibility: Open to all GSE graduate students, U.S citizens, permanent residents, and international students.**

University Fellowship awards are merit awards based on scholastic record, evidence of ability to do research or other creative work, and promise of productive scholarship. Students who apply for the University Fellowship awards will automatically be considered for other awards for which they may be eligible. University Fellowship block grant awards are made in varying amounts from a central source of funds that is allocated to the School of Education by the Graduate Division. Alumni and Departmentally Restricted awards are made from funds established by donors who wished to designate students in specific disciplines to receive awards. Award amounts vary, and the Fellowship Committee in consultation with the Areas and Programs makes selection. Students do not apply for specific departmentally restricted awards.

Following University of California Graduate Division policies, applicants are asked to provide basic fiscal information as part of the fellowship application process.

As stated on the Notification of Acceptance/Declination of Fellowship Form, the form that Graduate Division requires all students who accept a fellowship award offer to submit, **“this offer may be withdrawn or reduced if you receive another full fellowship or other awards where the total exceeds \$36,000.** Please note that the Dean of the Graduate Division must approve the acceptance of other awards.

**A REMINDER: STUDENTS WHO RECEIVE A FELLOWSHIP AWARD MUST BE REGISTERED FOR A MINIMUM OF 12 UNITS EACH SEMESTER, AND MUST COMPLETE THE FAFSA, OR RENEW THE FAFSA FOR EACH ACADEMIC YEAR**

LETTER OF RECOMMENDATION FORM

Name of Applicant: \_\_\_\_\_
(Please print) Last Name First Name M.I. Area/Program:

To the Recommender:

The person named above is applying for a fellowship from the Graduate School of Education at Berkeley. What are your personal impressions of the candidate's intellectual ability, ability in research, and/or professional skills? Please comment on the quality of previous work, professional growth during the period you have known this individual, and promise of productive scholarship.

Rate this applicant in overall promise compared to other students in the UC Berkeley GSE or comparable programs (Check one)

Table with 8 columns: Below Average (1), Average (2), Above Average (3), Good (4), Excellent (5), Outstanding (6), Truly Exceptional (7), Inadequate Opportunity to Observe.

Please complete if applicable:
Best student this year Best student in five years Best student in ten years Best student in \_\_\_ years

Recommender's name: \_\_\_\_\_

Position or title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include this form with your letter of recommendation and return to the fellowships Coordinator. 1607 Tolman Hall, by April 23rd, 2018



**CONTINUING/RETURNING GRADUATE STUDENT WAIVER OF ACCESS TO  
CONFIDENTIAL LETTERS OF RECOMMENDATION**

**TO THE APPLICANT:** *The Family Educational Rights and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of applications for admission, fellowship, or academic employment. The law also permits students to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission, award or employment. If you do wish to waive your right to examine one of your letters of recommendation, please complete and sign the waiver below and give this form to the author of the letter to sign and submit to the School of Education's Fellowship Assistant with the letter of recommendation.*

Name of student: \_\_\_\_\_

Area/Program: \_\_\_\_\_

I agree to waive access to the letter of recommendation written by:

\_\_\_\_\_  
(Name of recommender)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Recommender: Please be sure that this waiver of access accompanies your letter of recommendation. Forward both to the Fellowships Coordinator, School of Education, 1607 Tolman Hall, UC Berkeley, Berkeley, CA 94720.