Application for financial assistance: current students

If you are a current student in the Department of History’s graduate program, you may apply for financial assistance in the form of a teaching assistantship. Graduate students must be in good standing within the department, and if awarded financial assistance, must be full-time students during the time of the award. If you have already received assistance (TA, scholar, or fellow) you must still have adequate funding eligibility as described by the Graduate School.

MS students are not eligible for financial assistance.

To apply for assistance, complete the following form and return to the Director of Graduate Studies by 5:00 pm on the first Monday of February. Electronic submissions will not be accepted. Your application will be reviewed by the Graduate Committee (usually in early March), and weighed in relation to new and current applicants. You will be notified in March of the committee’s decision.

1. Complete this Application for financial assistance.

2. Submit two letters of recommendation.

3. Submit a current University of Utah transcript.
Name: ________________________________

Address: ______________________________

City: ___________ State: ______ Zip: ______

Phone: ___________ E-mail address: ________________________________

Graduate GPA: ______

Number of hours of graduate work: ______

Select your program: □ MA □ PhD

Select your major field:

MA degree: □ Asia □ Colonialism and Imperialism □ Comparative Gender □ Ancient Mediterranean □ Modern Europe (Britain, France, Germany) □ Medieval Europe □ Latin American □ Middle East □ Religion □ US □ World History

PhD degree: □ Middle East □ Modern Europe (Britain, France, Germany) □ Medieval Europe □ US

Please list your supervisory committee members:

1. ________________________________ (Chair)

2. ________________________________

3. ________________________________

4. (PhD only) ________________________________

5. (PhD only) ________________________________
List any internal or external funding support for which you have applied for the coming academic year.

List any other jobs you intend to hold concurrently with this award.

If you have completed two or more years of graduate work toward the PhD degree, please complete the following.

Have you passed your PhD qualifying exams? □ Yes □ No
Have you initiated your thesis research? □ Yes □ No
Have you begun writing your dissertation? □ Yes □ No

Expected date for completion of all requirements for the PhD?

Please list names of the persons you have asked to submit references.

1. ______________________________
2. ______________________________

If there have been unusual circumstances which have affected your academic career, and which would help in evaluation of your application, please explain on a separate sheet.

Signature and date: ______________________________
University of Utah Letter Of Recommendation

Permission To Release Education Record Information

Name of Student ___________________________ Student ID number __________________

I give permission for ______________________ to write a letter of recommendation on my behalf, and for the purpose of ______________________________. This letter can include the following information:

Please check all that apply:

☐ Grades ☐ GPA ☐ Class rank

Please send letters of recommendation to:

I waive my right to review a copy of this letter of recommendation now and in the future.

☐ Yes ☐ No

Signature of student ___________________________ Date ______________

Instructions for the sponsor: Retain a copy of this waiver for your personal files, and mail the original, along with the letter of recommendation, to the above listed address.
UNIVERSITY OF UTAH
ACADEMIC AND PROFESSIONAL REFERENCE FORM

APPLICANT: Please complete this section before giving the form to an endorser.

Applicant Printed Name: __________________________________________________________
Prospective Department/Program: ________________________________________________
Please return reference form to: _________________________________________________

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing the recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to have access to the recommendations or to decline to do so. Please mark the appropriate phrase below indicating your choice of option and sign your name.

I waive  I do not waive  my right to review this recommendation.

Signature of Applicant: ____________________________________________ Date: __________

TO BE COMPLETED BY THE ENDSRER

Signature ____________________________________________ Date __________
Printed/Typed Name
Title __________________________________________________________
Institution ______________________________________________________
Address _______________________________________________________
_________________________________________________ Zip ______________
E-mail ________________________________________________________ Phone ______________

Please rate the applicant on each of the following items:

<table>
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<th>Academic performance</th>
<th>Outstanding</th>
<th>Unusual</th>
<th>Good</th>
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How would you rate this student in comparison to other students of the same level at your own institution?

__ Top 1%    __ Top 10%    __ Top 20%
__ Top 30%    __ Top 40%    __ Top 50%
__ Bottom 50%

In an attached document, please provide a narrative assessment of the applicant’s qualifications and prospects for success in graduate study.
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Signature of Applicant: ___________________________ Date: __________

TO BE COMPLETED BY THE ENDORSER

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