



Application for Financial Assistance for Incoming Students:

- Incoming students do not need to complete this application. We will consider the application to the program as the financial aid application.

Application for Financial Assistance for Current Students:

1. Complete this application for financial assistance.
2. Request one letter of recommendation.
3. A physical copy of the application for financial assistance and the letters of recommendation should be delivered directly to the Department of History at the University of Utah.
4. A current University of Utah transcript must be submitted with this application.
5. The deadline date for submitting a complete application is **February 1st**.

Graduate School Time Restrictions:

1. Students in a master's program are limited to two years (four semesters) of tuition benefit support.
2. Students in a doctoral program who entered with a bachelor's degree are limited to five years (10 semesters) of tuition benefit support.
3. Students in a doctoral program who also received a master's degree at the University of Utah are limited to five years of tuition benefit support (two years for a master's + three additional years for a doctorate).
4. Students entering a doctoral program with a master's degree from another university are eligible for four years (eight semesters) of tuition benefit support.

Application for Financial Assistance:

Name: _____ **Unid:** _____

Phone: _____ **Email:** _____

Graduate GPA: _____

Number of hours of graduate work: _____

What scholarships or fellowships have you received (here or elsewhere)?

List any languages and indicate degree of proficiency:

Please list in chronological order all college or universities you have attended.

<i>Institution</i>	<i>Location</i>	<i>Years</i>	<i>Degree</i>
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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? _____
- Have you initiated your thesis research? _____
- Have you begun writing your dissertation? _____

Expected date for completion of the requirements for the PhD _____

Please list the name of the faculty member who will be recommending you:

1.

If there have been unusual circumstances which have affected your academic career, and would help in evaluating your application, please explain in a separate document.

Signature of applicant and Date: _____

Letter of Recommendation Form

Instructions for applicant:

Name of applicant: _____

Before you give this form to an instructor or other persons acquainted with your qualifications for graduate work, please check and sign, in accordance with the Family Education Rights and Privacy Act.

- I hereby waive my right of access to this letter of recommendation.
- I do not waive my right.

Signature of applicant and date: _____

Instructions for writers of letter of recommendation:

Please return this form to the student in a sealed envelope or mail directly to the Department of History by January 1st.

We are particularly interested in the applicant's ability to carry on advanced study and research, and his or her potential for pursuing a successful career in the chosen field.

- In your letter, please provide a narrative assessment of the applicant's qualifications and prospects for success in graduate study.
- Please rate the applicant on each of the following items, using a five-point scale:

- | | |
|---|---|
| <input type="checkbox"/> Potential as teaching assistant | <input type="checkbox"/> Research skills |
| <input type="checkbox"/> Motivation and drive | <input type="checkbox"/> Self-reliance and independence |
| <input type="checkbox"/> Basic knowledge of the field | <input type="checkbox"/> Ability in oral expression |
| <input type="checkbox"/> Emotional maturity and stability | <input type="checkbox"/> Ability in written expression |

- How would you rate this student in comparison to other students of the same level at your own institution?

- | | |
|---|---|
| <input type="checkbox"/> In the top 1% | <input type="checkbox"/> In the top 40% |
| <input type="checkbox"/> In the top 10% | <input type="checkbox"/> In the top 50% |
| <input type="checkbox"/> In the top 20% | <input type="checkbox"/> In the top 50% |
| <input type="checkbox"/> In the top 30% | |

Name (type or print): _____

Signature and Date: _____

Position: _____

Institution: _____