



U e f a a e
 C e e f A a d S e e
 Departmental Scholarship Recommendation

Semester _____

S de f a

Name _____
 Major _____
 Address _____
 City _____

State/Province _____
 Zip/Postal Code _____
 SSN _____
 Requesting Dept. _____

Check one

First Semester Freshman

ACT _____
 HS GPA _____

Re e e : ACT-23, and HS
 GPA-3.0

First Semester Transfer Student

ACT _____
 HS GPA _____
 Transfer Hours _____
 College GPA _____

Re e e : ACT-23, HS GPA-3.0,
 Transfer Hours-24, and College GPA-3.0

Confirmation:

Application on file in Admissions Office

Student not currently on full scholarship

I recommend the above student for a departmental scholarship.

Comments _____

Department Head: _____

Date _____

Dean _____

Date _____

Approve
 Disapprove