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| **North Carolina Agricultural and Technical State University****The Graduate College** |
| TITLE III Ph.D. SUPPLEMENTARY AWARD APPLICATION |
| **Student Information** |
| NAME: | (Last)Last Name  | (First)First Name  | (Middle)Middle  |
| ADDRESS: | Address line 1  |
|  | Address line 2  |
| CITY/STATE/ZIP: | City  | State  | Zip  |
| HOME PHONE: | Phone #  | MOBILE: | Cell #  |
| E-MAIL: | Email  |  E-MAIL: | Email  |
| CITIZENSHIP: | Enter Country of Citizenship  | DATE OF BIRTH: | DOB  |

**Intended program of study**

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| I am applying for a Doctoral Supplementary Award in: |
| 1. | [ ]  Applied Science & Technology | [ ]  Computational Science & Engineering |
| [ ]  Computer Science | [ ]  Electrical Engineering |
| [ ] Industrial and Systems Engineering | [ ] Mechanical Engineering |
| [ ] Nanoengineering | [ ]  |
| 2.  | [ ]  I have received admission | Date Admitted: | Date admitted  |
| [ ]  I have applied for admission | Date Applied: | Date applied  |
| [ ]  I plan to apply for admission | Date Applying: | Date of application  |
| 3. | List Potential Research Advisor if you are in contact with one:Click here to enter text.  |
| Potential Research Area (Title or brief description):Click here to enter text.  |

**Educational Background:**

*List all colleges/universities attended, beginning with the most recent institution.*

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| INSTITUTION | DATESATTENDED | MAJOR | DEGREERECEIVED | MONTH/YEAR | GPA |
| Institution 1  | Dates  | Major  | Dates  | Month/Year | GPA |
| Institution 2  | Dates  | Major  | Dates  | Month/Year | GPA |
| Institution 3  | Dates  | Major  | Dates  | Month/Year | GPA |
| Institution 4  | Dates  | Major  | Dates  | Month/Year | GPA |
| Institution 5  | Dates  | Major  | Dates  | Month/Year | GPA |

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| If one master’s earned, please list your Master’s Thesis title, advisor's name and advisor’s email |
| **MS Thesis Title:** | Thesis Title  |
| Thesis Title  |
| **Advisor's** **Information:** | Advisor’s Name  |
| Advisor’s Email  |

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| If second master’s earned, please list your Master’s Thesis title, advisor's name and advisor’s email |
| **MS Thesis Title:** | Thesis Title  |
| Thesis Title  |
| **Advisor's** **Information:** | Advisor’s Name  |
| Advisor’s Email  |

**GRE Scores**

**Date Test Taken/To be Taken** Date

Please enter your scores if you have received your test scores

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| EXAMINATION | SCORE | PERCENTILE (%) |
| Verbal Reasoning | Score  |  %  |
| Quantitative Reasoning | Score  |  %  |
| Analytical Writing | Score  |  %  |

[ ]  *I certify that all above information is correct.*

*Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (Date) Date

*Signature of faculty advisor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (Date) Date

*Signature of Graduate Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (Date) Date

*Signature of Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (Date) Date

*Signature of Graduate College Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (Date) Date