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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 | DATES  ATTENDED | MAJOR | DEGREE  RECEIVED | 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 |

|  |  |
| --- | --- |
| 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