

UTD Doctoral Scholarship Renewal Application for Collin Faculty Members

Please use this application only if you have previously received this scholarship and are applying for a subsequent year.

Please return this application form to to the appropriate Academic Associate Dean or Director by **September 1 for Spring/Summer and by February 1 for Fall**.

TODAY'S	S DATE:	
NAME C	OF APPLICANT:	
UTD STU	UDENT ID NUMBER:	
DISCIPLI	INE OF DOCTORAL PROGRAM:	
PRIMAR	RY COLLIN DISCIPLINE:	
DEPART	MENT: CAMPUS:	
DATE HI	IRED FULL-TIME AT COLLIN COLLEGE:	
Number	r of hours completed toward doctoral degree:	GPA:
Number	r of faculty members with a doctoral degree in your department at Collii	n:
Number	r of FT faculty members without a doctoral degree in your department a	t Collin:
ELIGIBIL	LITY – check all that apply	
	A minimum of one year of regular, full-time service In good standing with no documented disciplinary action filed one year scholarship application	r prior to
	Acceptance into a UTD doctoral program in administration, an academ or another job-related field	ic field of study,

ACADEMIC PLAN AND PROGRESS:

List your academic plan for completing required doctoral coursework (to a maximum of five years):

DATES	SEMESTER	COURSES (number/title) 1	O BE TAKEN			
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	AITEINGTONASOB	EQUENT TEAM				
Re-application:						
Year 2	Year 3	Year 4 Yea	r 5			
Complete the chart to show courses taken. Attach current transcript and submit for Dean's						
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Complete the chart to s approval.	how courses taken. Attach (current transcript and submit f	or Dean's			
		current transcript and submit f	Grade			
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Signature of Applicant	Date
Signature of Associate Dean/Director	Date
Signature of Dean	Date
Signature of COE Chair	Date
Signature of Vice President/Provost	Date
Signature of Executive Vice President	Date
Signature of District President	Date