



# UTD Doctoral Scholarship Renewal Application for Collin Faculty Members

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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 DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

UTD STUDENT ID NUMBER: \_\_\_\_\_

DISCIPLINE OF DOCTORAL PROGRAM: \_\_\_\_\_

PRIMARY COLLIN DISCIPLINE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

DATE HIRED FULL-TIME AT COLLIN COLLEGE: \_\_\_\_\_

Number of hours completed toward doctoral degree: \_\_\_\_\_ GPA: \_\_\_\_\_

Number of faculty members with a doctoral degree in your department at Collin: \_\_\_\_\_

Number of FT faculty members without a doctoral degree in your department at Collin: \_\_\_\_\_

## **ELIGIBILITY – 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 prior to scholarship application
- Acceptance into a UTD doctoral program in administration, an academic field of study, or another job-related field



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**Signature of Applicant**

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**Date**

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**Signature of Associate Dean/Director**

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**Date**

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**Signature of Dean**

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**Date**

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**Signature of COE Chair**

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**Date**

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**Signature of Vice President/Provost**

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**Date**

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**Signature of Executive Vice President**

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**Date**

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**Signature of District President**

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**Date**