

**Farmers National Company Fellowship  
GRADUATE STUDENT NOMINATION FOR  
FELLOWSHIP Cover Sheet and Routing Form**

**COLLEGE OF AGRICULTURAL SCIENCES AND NATURAL RESOURCES  
AGRICULTURAL RESEARCH DIVISION  
University of Nebraska Lincoln**

Instructions: Please complete the following and submit, with supporting materials, to:

CASNR Graduate Fellowship Committee  
c/o Melissa Sailors  
Office of the Dean  
103 Agricultural Hall  
P.O. Box 830702  
East Campus 0702

or

melissa.sailors@unl.edu

Supporting Materials: A resume, transcripts and one supporting letter are required for each nominee. The CASNR Graduate Fellowship Committee will review the applications within two weeks of receipt of nomination. Include any other supporting materials and nominations the unit would like to provide.

PLEASE TYPE OR PRINT

**Student Information**

Student's Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zipcode)

Degree Objective: MS or PhD in \_\_\_\_\_  
(Program Name)

Start Date: \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_ GPA: \_\_\_\_\_  
(month/year) (month/year)

Adviser Name

Adviser Phone

**Unit Information/Commitment**

Proposer: \_\_\_\_\_

Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Assistantship Amount: \$ \_\_\_\_\_ Duration: \_\_\_\_\_

GRA or GTA (Select one) Department Name: \_\_\_\_\_

FTE: \_\_\_\_\_ Source of Funds: \_\_\_\_\_ Departmental Priority Rank: \_\_\_\_\_

**Unit Approval**

Approval signifies that if a graduate fellowship is funded, the department's cost share will be met by the proposing department.

Graduate Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Head: \_\_\_\_\_ Date: \_\_\_\_\_