



CICOES Graduate Fellowship Application

These awards are intended for Cooperative Institute for Climate, Ocean, and Ecosystem Studies affiliated graduate students for 50% Research Assistant (RA) support in Spring Quarter 2021. To be eligible for support all applicants must be up-to-date on their departmental milestones and maintain satisfactory progress toward completion of a degree program.

To apply, complete this form and submit one electronic packet to Collen Marquist (marquist@uw.edu). A confidential letter of recommendation should be sent by the major professor to Collen Marquist via email or in a sealed envelope to campus box 355672.

Application Due Date: March 5, 2021. Late or incomplete applications will not be considered.

Biographical Information:

Name: _____ Student Number: _____

Office Telephone: _____ Email: _____

Major Professor: _____ MP Email: _____

I am a: MS PhD student in (department): _____

Scholastic Progress:

Date you entered degree program: _____ Quarter: _____ Year: _____

Have you established your Supervisory Committee? Yes No

Do you have an approved Plan of Study on file? Yes No

Have you completed all required course work on your Plan of Study? Yes No

Has your thesis/dissertation proposal been approved and submitted? Yes No

If a doctoral student:

Have you passed the Qualifying Examination? Yes No

Have you passed the General Examination? Yes No

Cumulative graduate GPA: _____

When do you expect to graduate? _____

Title of your thesis/dissertation:

Indicate research area in 30 words or less:

Attach the following to this application:

- Resume, no more than 3 pages, including a list of awards, fellowships or scholarships received at UW, and a list of papers submitted, in press, or published, and presentations given at scientific conferences (do not enclose reprints)
- One-page statement of academic and professional goals
- Current copy of your UW unofficial transcript (may be printed from MyUW)
- A brief statement (no more than 1 page) describing the circumstance which lead to your need for support.

Certification and Authorization:

I declare that the information on this form is true, correct, and complete to the best of my knowledge. The University of Washington has my permission to verify the information provided.

Student Signature: _____

Date: _____

Concurrence of Major Professor: _____

Date: _____