



U e f a a e  
 C e e f A a d S e e  
 Departmental Scholarship Recommendation

Semester \_\_\_\_\_

S de f a

Name \_\_\_\_\_

State/Province \_\_\_\_\_

Major \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Address \_\_\_\_\_

SSN \_\_\_\_\_

City \_\_\_\_\_

Requesting Dept. \_\_\_\_\_

Check one

First Semester Freshman

ACT \_\_\_\_\_

HS GPA \_\_\_\_\_

**Re e e** : ACT-23, and HS  
 GPA-3.0

First Semester Transfer Student

ACT \_\_\_\_\_

HS GPA \_\_\_\_\_

Transfer Hours \_\_\_\_\_

College GPA \_\_\_\_\_

**Re e e** : ACT-23, HS GPA-3.0,  
 Transfer Hours-24, and College GPA-3.0

Confirmation:

Application on file in Admissions Office

Student not currently on full scholarship

I recommend the above student for a departmental scholarship.

Comments \_\_\_\_\_

Department Head: \_\_\_\_\_

Date \_\_\_\_\_

Dean \_\_\_\_\_

Date \_\_\_\_\_

Approve  
 Disapprove