

HOWARD UNIVERSITY



Alliances for Graduate Education and the Professoriate (AGEP) Program *Fellowship Application Form*

Application Deadline: February 15 (of each year)

*****Please type the application in its entirety*****

Personal Form

Date: _____

Name _____
[Last] [First] [Middle Initial]

Current Address _____

Permanent Address _____

Telephone _____
[Day] [Evening]

Name of Parent/Guardian _____

Parent /Guardian Address _____

Telephone _____
[Day] [Evening]

Social Security # _____ Date of Birth _____

U.S. Citizen / Permanent Resident? Y N

E-mail Address _____

For Statistical Purposes only: Gender: M F Ethnicity: _____

Academic Status

Undergraduate Institution: _____

Department(s) _____

Minor(s) _____ Major(s) _____

Overall Cumulative GPA _____ Major Cumulative GPA _____

Classification _____ Graduation Date _____

Faculty Advisor/Dept.: _____

Advisor's Telephone # _____

Graduate Institution: _____

Department(s): _____

Field of study: _____ Overall Cumulative GPA _____

Research Interest: _____

Faculty Advisor/Dept.: _____

Advisor's Telephone # _____ Classification _____ Graduation Date _____

Note: Your Howard University Graduate School application **must** be completed and received by the Graduate Admissions Office **prior to** consideration for this fellowship. A completed graduate application consists of the items listed below. Please check the appropriate box if this document is currently on file in the Admissions Office:

GRE scores Personal Statement Three letters of Recommendation Official Transcripts

In addition to the documents required for admission to the Howard University Graduate School, this fellowship application requires the submission of the following items:

- Secondary Personal Statement outlining your research experience, research interests, and long-term professional goals (not to exceed one page)
- Resume or Curriculum Vita

I have read and understand the program description and eligibility criteria and would like to apply for the Howard University Alliances for Graduate Education and the Professoriate (AGEP) Fellowship Program. I certify that my statements are true and complete to the best of my knowledge. I understand that participation in the program may be denied if any information is found to be incomplete or inaccurate.

[Signature**]

[Date]

** If left blank, your application will be considered incomplete and will not be processed.

**Return Fellowship
Application Directly to:**

**Fellowship Department
Howard University
AGEP Program
Graduate School – Room 308
Fourth and College Streets, NW
Washington DC, 20059**

AGEP STAFF USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Personal Statement 1 | <input type="checkbox"/> Personal Statement 2 |
| <input type="checkbox"/> Resume / Vita | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> Recommendations | <input type="checkbox"/> GRE Scores <input type="checkbox"/> G <input type="checkbox"/> S |