

Please list other types of financial support for which you intend to apply, both within and outside the University:

LETTERS OF RECOMMENDATION

Please list the name of the person from whom you have requested a letter of recommendation. The Fellowship Committee requires a current letter unless key references are not available in up-to-date form. If you began graduate work at Berkeley in Fall Semester 2011, the Fellowships Coordinator will make copies of the (letters of recommendation submitted with your application for admission. **Students who began graduate work in the GSE prior to Fall 2011 must submit one (1) new letter of recommendation. Enter the name of person writing the letter.**

1. _____New

CURRENT TRANSCRIPT

Please enclose a current, unofficial transcript and a CV with this application.

SCHOLARLY ACHIEVEMENTS
(Required of all applicants)

- A. Describe any research or *teaching experiences* you have pursued while a graduate student at Berkeley, including Graduate Student Research (GSR) positions, Graduate Student Instructor (GSI) positions, and volunteer activities of this nature. Include time period of involvement, nature of your activity, and name of supervising faculty if applicable.
- B. Provide citations for *professional presentations* undertaken as a graduate student. Include author names, date of presentation, presentation title, and presentation venue.
- C. Describe any form of education-related *community involvement* that you have pursued as a graduate student (e.g., consultation with after-school center).
- D. Provide citations for *professional publications* undertaken as a graduate student. Also include other journal review and publication related activities.
- E. Describe any form of *participation on GSE or UCB-wide committees*, (e.g., student representative on a faculty search committee).

F. Describe your *academic goals* for the past year and indicate how your activities helped you move towards achieving those goals, as well as any obstacles along the way. What are your plans for the coming year and how do they fit into your long-term professional objectives? Please limit your response to a single page.

G. Please describe all *academic milestones* you have reached: entered Ph.D. program; completed course work; submitted position paper (s), one, two and/or three, (with the titles & readers) of position papers; passed oral exam (date); proposal approved.

Semester completed	Milestone
Fall	Entered Ph.D. program

H. Please indicate any courses in which you have an *incomplete*, and describe your plan to complete the work.

EMPLOYMENT EXPERIENCES AND SOURCES OF FUNDING

A. Please indicate the graduate fellowships or scholarships you have received as a graduate student at Berkeley. Under "type" please specify "multi-year award, GOP, Flanders, University Fellowship (Block Grant) Departmentally Restricted, Spencer, DIME, CAESL, etc., or Other, with details on the granting source.

<i>Semester/year</i>	<i>Type of award</i>	<i>Funding source</i>	<i>Amount</i>

B. Please indicate any GSR or GSI appointments you have held as a graduate student at Berkeley.

<i>Semester/year</i>	<i>Type (GSR/GSI)</i>	<i>% time</i>	<i>Faculty supervisor</i>

C. Please list occupations, other than that of student or a GSR/GSI, in which you have engaged while a graduate student at Berkeley, including consultant work, teaching outside of UCB, etc.

Semester/Year Nature of Work & %-Time Employer

<i>Semester/year</i>	<i>Nature of work</i>	<i>% time</i>	<i>Employer</i>

FINANCIAL RESOURCES & EXPENSES

Fall Semester 2012 Spring Semester 2013

(Required of all applicants)

RESOURCES

EXPENSES

Please list only those resources that are assured at this time. Provide estimates if exact figures are unknown.

Please do not include regular living expenses.

Aid from family \$ _____

Local travel \$ _____

Academic year gross earnings:

Medical & Dental _____

\$ _____

Child care \$ _____

Projected Summer 2011 gross earnings

Other liabilities: \$ _____

\$ _____

Dividends & interest \$ _____

Other income (fellowship, financial aid, etc.)

Specify: B.G., CAESL, DIME, Dept. Restricted, DNTF, Spencer, GOP, Multi-Year Awards & Other:

\$ _____

\$ _____

\$ _____

\$ _____

Assets: Cash, savings, checking accounts

\$ _____

Stocks/bonds/trust fund income

\$ _____

I certify that all of the information on this form is true and complete to the best of my knowledge.

Signature

Date

TYPES OF AWARDS

UNIVERSITY FELLOWSHIPS/DEPARTMENTALLY RESTRICTED AWARDS

Eligibility: Open to all GSE graduate students, U.S citizens, permanent residents, and international students.

University Fellowship awards are merit awards based on scholastic record, evidence of ability to do research or other creative work, and promise of productive scholarship. Students who apply for the University Fellowship awards will automatically be considered for other awards for which they may be eligible. University Fellowship block grant awards are made in varying amounts from a central source of funds that is allocated to the School of Education by the Graduate Division. Restricted awards are made from funds established by donors who wished to designate students in specific disciplines to receive awards. Award amounts vary, and the Fellowship Committee in consultation with the Areas and Programs makes selection. Students do not apply for specific departmentally restricted awards.

Following University of California Graduate Division policies, applicants are asked to provide basic fiscal information as part of the fellowship application process.

As stated on the Notification of Acceptance/Declination of Fellowship Form, the form that Graduate Division requires all students who accept a fellowship award offer to submit, **“this offer may be withdrawn or reduced if you receive another full fellowship or other awards where the total exceeds \$31,000.** Please note that the Dean of the Graduate Division must approve the acceptance of other awards.

A REMINDER: STUDENTS WHO RECEIVE A FELLOWSHIP AWARD MUST BE REGISTERED FOR A MINIMUM OF 12 UNITS EACH SEMESTER, AND MUST COMPLETE THE FAFSA, OR RENEW THE FAFSA FOR EACH ACADEMIC YEAR

LETTER OF RECOMMENDATION FOR CONTINUING/RETURNING GRADUATE STUDENT 2012-2013

Name of Applicant: _____
(Please print) Last Name First Name M.I.

Area/Program: _____

To the Recommender:

The person named above is applying for a fellowship from the Graduate School of Education at Berkeley. What are your personal impressions of the candidate's intellectual ability, ability in research, and/or professional skills? Please comment on the quality of previous work, professional growth during the period you have known this individual, and promise of productive scholarship.

Rate this applicant in overall promise compared to other students in the UC Berkeley GSE or comparable programs (Check one)

Below Average 1	Average 2	Above Average 3	Good 4	Excellent 5	Outstanding 6	Truly Exceptional 7	Inadequate Opportunity to Observe
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Please complete if applicable:
Best student this year Best student in five years Best student in ten years Best student in ___ years

Recommender's name: _____

Position or title: _____

Address: _____

Signature: _____ Date: _____

Please return this form to the Fellowships Assistant, School of Education, 1600 Tolman Hall, UC Berkeley, Berkeley, CA 94720 **no later than February 27, 2012.**

**CONTINUING/RETURNING GRADUATE STUDENT
WAIVER OF ACCESS TO CONFIDENTIAL LETTERS OF RECOMMENDATION**

TO THE APPLICANT: *The* Family Educational Rights and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of applications for admission, fellowship, or academic employment. The law also permits students to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission, award or employment. If you do wish to waive your right to examine one of your letters of recommendation, please complete and sign the waiver below and give this form to the author of the letter to sign and submit to the School of Education's Fellowship Assistant with the letter of recommendation.

Name of student: _____

Area/Program: _____

I agree to waive access to the letter of recommendation written by:

(name of recommender)

Signature of student

Date

Recommender: Please be sure that this waiver of access accompanies your letter of recommendation. Forward both to the Fellowships Assistant, School of Education, 1600 Tolman Hall, UC Berkeley, Berkeley, CA 94720.

Name of student: _____

Area/Program: _____

I agree to waive access to the letter of recommendation written by:

(name of recommender)

Signature of student

Date

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