

LETTERS OF RECOMMENDATION

Please list the name of the person from whom you have requested a letter of recommendation. If you started School in the Fall 2011 semester, the Fellowship Coordinator will make copies of the (3) letters of recommendation submitted with your application for admission. For all others, please submit one new letter of recommendation.

1. _____New

CURRENT TRANSCRIPT

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

SHORT ANSWER QUESTIONS Please limit your response to items A - E to 2 pages.

- A. Describe a significant accomplishment in your student teaching. Include reference of how you applied what you learned in your program's coursework to your student teaching practice.**
- B. What are your plans for the coming year and how do they fit into your long-term professional objectives?**
- C. What topic to you intend to research for your MA paper?**
- D. What are your plans for the first 5 years of your teaching career? Please describe the school where you would like to teach.**
- E. Please indicate any courses or student teaching placements in which you have an *incomplete*, and describe your plan to complete the work.**

Other income (fellowship, financial aid, etc.)

\$ _____ \$ _____

\$ _____ \$ _____

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 FELLOWSHIP (The Block Grant 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

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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