

**Florida International University
Latin American and Caribbean Graduate Fellowship Program
Award Nomination Form 2018-19**

To be eligible, students must be a resident of Latin America or the Caribbean (including Puerto Rico and the U.S. Virgin Islands), fully admitted to a graduate degree program (Master's or Doctoral), in good academic standing with an overall graduate GPA of 3.0 or better, and enrolled full-time (9 graduate credits Fall and Spring semester; 6 graduate credits for the Summer).

Nominating Department:

Please enter your unit's nominations below.

Student's Panther ID	Last Name	First Name	Country of Residence	FIU Degree Program (e.g. MA, PHD)	Major	Admit Term (e.g. fall 2011)	Unit Funding \$\$ for Scholarship*	Rank for Partial Funding**	UGS Use Only: Qualifies
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total Amount \$\$ Provided by Unit =									

* **Full Funding:** Unit is providing the full annual award of \$1,000; **Partial Funding:** Unit is providing half of the \$1,000 annual award, \$500, and requesting a match of \$500 from Academic Affairs.

** **Rank:** In case matching funds from Academic Affairs cannot cover all nominees, please rank your nominees (1st, 2nd, 3rd, etc.) to allocate available funding.

Department Account (E&G accounts only) Information: Dept id# _____

Please indicate the Dept id (E&G accounts only) to pay your unit's share of the fellowship award. Academic Affairs will process the budget transfers from this account.

Unit/Department Approval:

Our Unit is nominating the above students for the LAC Graduate Fellowship and will provide the level of support indicated above for the 2012-13 academic year. With those receiving partial funding, we are requesting matching funds from Academic Affairs. This support is contingent on the student meeting the eligibility requirements of the LAC Fellowship.

Signature	Print Name	Panther ID	Department	Email	Phone ext.
-----------	------------	------------	------------	-------	------------

UGS OFFICE USE ONLY:

AA will provide matching funds for _____ (#) awards in the total amount of \$ _____

Approval Signature:

Date: