



Department of History
Application for
Continuation of Funding

Name (Last) (First) (Initial) Social Security #

Present Address (Number/Street) (Telephone) (City/State/Zip Code)

Permanent Address (Number/Street) (Telephone) (City/State/Zip Code)

E-Mail Address

I am currently in the (check one): [ ] Traditional Masters Program [ ] Joint Masters/Ph.D. Program

I am applying for (check all that apply): [ ] Assistantship [ ] Doctoral Fellowship

Note: Only students admitted to the joint masters/Ph.D. program are eligible for the doctoral fellowship. Students in the traditional masters program are encouraged to apply for the College of Graduate Studies Research Fellowship (see http://www.grad.cmich.edu).

Progress in Program

My Advisor is:

[ ] I have filed a Program Authorization

Plan A Students (Thesis): [ ] I have filed my prospectus with the department and graduate office.

Plan B Students (Papers): I have filed 1 2 papers (circle one).

- Please attach: [ ] Unofficial transcripts [ ] Current c.v. (conferences attended, papers given, teaching, etc.) [ ] Statement describing your progress in the program





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**Recommendation**

Applicant's Name: \_\_\_\_\_

I have asked \_\_\_\_\_ to submit a recommendation.



To the Applicant:

A student of Central Michigan University generally has the right to view official records of the university which concern him or her individually, including letters of recommendation. An applicant may, however, waive the right of access to letters of recommendation, in which case the evaluation covered by the waiver will be confidential and free from the student's right of access to them.

This waiver is not required as a condition of admission to the graduate program in history nor is it in any manner related to receipt of any services or benefits from Central Michigan University.

This waiver is effective only if the recommendation which it covers is used for the purpose for which it is specifically intended. The Department of History affirms that the statement covered by this document will be used solely for the purpose indicated above.

Please check one of the two options listed below. Sign and date the option which you choose.

\_\_\_\_\_ I understand the above condition and I waive any and all right of access to the letter or statement identified above.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_ I wish to retain my right of access to the letter or statement identified above.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

This section is to be completed by the recommender:

1. How long and in what capacity have you known the applicant?
2. Please rate the applicant in comparison to others whom you have known at similar stages in their career.

	Exceptional Upper 5%	Excellent Next 10%	Very Good Next 15%	Good Next 20%	Remaining 50%	No Basis for Rating
Scholarly potential in indicated field of study						
Creativity and originality						
Motivation and perseverance toward goals						
Ability to work with others						
Ability to work independently						
Ability to express thoughts in writing						
Ability to present thoughts in speech						

3. Please circle the strength of your overall endorsement.

Highly recommended

Recommended

Recommended with reservations

4. In your letter of recommendation, please comment specifically on the applicant's strengths and limitations for graduate study and college teaching. Descriptions of significant actions and accomplishments are particularly helpful in assessing the applicant's potential.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print/Type Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Address \_\_\_\_\_

Note to recommenders: Recommendation forms and letters are due no later than January 15, 2010.

**Mail all materials to:**

**Center for Transnational and Comparative History  
Central Michigan University  
242B Powers Hall  
Mount Pleasant, MI 48859**