

HAWTHORNE DISSERTATION RESEARCH ASSISTANCE AWARD PROGRAM APPLICATION

1. PERSONAL DATA

Name:	I.D. No.:
Address:	
Telephone No:	E-mail:
Department:	Major dissertation advisor:

2. ACADEMIC STATUS

Course Work Completed: _____ (Date)	Passed Qualifying Exam: _____ (Date)
Cumulative G.P.A.: _____	Date Admitted to Candidacy: _____

3. EDUCATIONAL BACKGROUND

Organization and Location	Degree	Year Conferred	Discipline

4. EMPLOYMENT HISTORY

Present Position: (if applicable)	Length of Employment:
Place of Employment:	
Business Address:	
Telephone:	
Nature of Job Responsibility:	
Previous Position:	Length of Employment:
Place of Employment:	
Address:	
Telephone:	
Nature of Job Responsibility:	

5. PUBLICATIONS AND PRESENTATIONS

(Begin with most recent activity)

MAJOR DISSERTATION ADVISOR ONLY

HOWARD UNIVERSITY GRADUATE SCHOOL

HAWTHORNE DISSERTATION RESEARCH ASSISTANCE AWARD PROGRAM

**Appraisal Application Form
(Please Print or Type)**

Applicant's Name: _____ **ID No:** _____

Department: _____ **Social Security No:** _____

Address: _____

Home: _____ **Other:** _____

Dissertation Committee Chairman: _____

Specify relationship to applicant: _____

How long and how well have you known the applicant? _____

Please rate the applicant on the following scales in comparison to other doctoral candidates you have known.

	No Basis for Judgment	Below Average	Average	Good	Very Good	Outstanding
		Lowest 35.00%	Middle 20.00%	Next 20.00%	Next 15.00%	Highest 10.00%
Intellectual Capability: Analytical Power Rigor of Thought Critical Facility Reasoning Ability						
Independence of Thought: Originality Imagination Creative Intelligence						
Effectiveness of Communication: Oral						
Effectiveness of Communication: Written						
Industry and Motivation: Persistence Self-Discipline Study Techniques						
Judgment and Maturity: Conscientiousness Common Sense						
Research Skills And Ability						

See Reverse

CERTIFICATION OF RESEARCH IN PROGRESS:

Provide a brief statement of the applicant's research progress to date:

Based on this summary, in your estimation, will the applicant complete this dissertation by the end of the next academic year? Yes No

Signature

Department

Name and Title
(Please Print or Type)

Date

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See Reverse

In the space provided below, please make comments regarding the applicant's special interests, motivations, personal qualities, academic background, accomplishments and promise as a professional and a scholar.

COMMENTS:

OVERALL RECOMMENDATION:

- Below Average Recommendation**
- Average Recommendation**
- Good Recommendation**
- Very Good Recommendation**
- Outstanding Recommendation**

Signature

Department

Name and Title
(Please Print or Type)

Date

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