

Application for the Esmail and Mary Zirakparvar Graduate Student Fellowships

Applicant's Name: _____

Major: _____

Major/Co-Major Professors: _____

Date Appointment to Begin: _____

Check One: Webpage Administrator Newsletter Editor

Statement of interest and experience (Attach Statement less than 500 words)

I have read the Zirakparvar Graduate Student Fellowship Policy and agree to carry out all responsibilities associated with receiving a Zirakparvar Fellowship.

Graduate Student Signature

Date

I have read the Zirakparvar Graduate Fellowship Policy and endorse the application of the above named graduate student to receive a Zirakparvar Graduate Student Fellowship. Furthermore, I agree to allow for release time for the above graduate student to carry out any and all responsibilities associated with a Zirakparvar Fellowship.

Major Professor

Date

Co-Major Professor (if applicable)

Date