UCF Professional Doctoral Fellowship (Nomination Form)

UCF’s College of Graduate Studies offers the Professional Doctoral Fellowship to outstanding students who are newly enrolling in one of UCF’s professional doctoral programs during the Summer or Fall semester. Nominations are encouraged for outstanding students from traditionally underrepresented populations in the discipline and should be submitted by graduate program directors. Qualifying disciplines include: Curriculum and Instruction EdD, Educational Leadership EdD, Nursing Practice DNP, and Physical Therapy DPT. Fellowship payments, tuition support, and health insurance coverage will begin in the Fall semester.

Nomination requires Graduate Program Director approval. Nominees must have graduate application for admission and an admission recommendation from the program in Slate at the time of fellowship consideration. Please note that a regular or conditional graduate status is required for fellowship nomination. The nomination deadline is February 1.

For each nominee, please complete this nomination form in full and send it to the College of Graduate Studies at gradfellowship@ucf.edu by February 1. If you have any questions, contact Joy Kittredge at 407-823-0127.

Selection Criteria

- Available to incoming doctoral students who have been accepted to a professional doctoral program (DNP, DPT, or EdD) for the Summer or Fall semester.
- Evidence of experience in the field.
- Full-time enrollment is required. Students pursuing their degree on a part-time basis (less than 9 graduate hours in Fall and Spring) are not eligible.

Nominee Information

Name of Nominee: ________________________________________________________________

UCF ID: _______________________________________________________________________

Admit Term / Year: ________________________________________________________________

Academic Program: ______________________________________________________________

In addition to this nomination form, please provide a letter with a rationale stating why the student is exceptional. Please indicate how the student is a good fit with the program and discuss the value the student brings to the program and UCF as a whole beyond their discipline.

Nominator Information

Nominated By: _________________________________________________________________ Date: __________________________

Email: ______________________________________________________________________ Phone: __________________________

Questions?

Office of Graduate Financial Assistance, College of Graduate Studies, Millican Hall 230 (gradfellowship@ucf.edu or 407-823-0127 or 407-823-4337)