



University of Louisiana at Monroe
College of Arts and Sciences
Departmental Scholarship Recommendation

Semester _____

Student's Information

Name _____
Major _____
Address _____
City _____

State/Province _____
Zip/Postal Code _____
SSN _____
Requesting Dept. _____

Check one

First Semester Freshman

ACT _____
HS GPA _____

Minimum Requirements: ACT-23, and HS GPA-3.0

First Semester Transfer Student

ACT _____
HS GPA _____
Transfer Hours _____
College GPA _____

Minimum Requirements: ACT-23, HS GPA-3.0, Transfer Hours-24, and College GPA-3.0

Confirmation:

Application on file in Admissions Office

Student not currently on full scholarship

I recommend the above student for a departmental scholarship.

Comments

Department Head: _____

Date _____

Dean _____

Date _____

Approve
 Disapprove