Eligibility Requirements

- Must be a fully admitted graduate student who is working towards a graduate degree in the behavioral, biological or mathematical sciences.
- Must enroll in 9 or more graduate hours each semester to receive funding.
- Must maintain a minimum overall GPA of 3.5.
- Application deadline is Oct. 15 (earlier is preferred).

Instructions

Please print or type application in black ink. To be eligible, a student must meet all of the requirements as specified above. For priority consideration, please submit the completed application form to Graduate Retention Enhancement at TAMU (GREAT) on or before the deadline.

All necessary materials (i.e., application, essay, 3 letters of recommendation, and graduate school letter of acceptance) must be postmarked or received on or before the deadline. Applicants are strongly encouraged to submit all necessary documents as soon as possible to assure that a last-minute delay will not preclude consideration for a scholarship.

Submit completed application to:
Texas A&M International University
Department of Behavioral Sciences
Graduate Retention Enhancement at TAMU (GREAT)
Attention: Dr. Roberto Heredia
5201 University Boulevard, Laredo, TX 78041-1900
Ph 956.326.2637 • Fax 956.326.2474 • E-mail great@tamiu.edu

For more information on The Graduate Retention Enhancement at TAMU (GREAT) Program please contact:
Texas A&M International University
College of Arts and Sciences
Department of Behavioral Sciences
Graduate Retention Enhancement at TAMU (GREAT)
Attention: Dr. Roberto Heredia
5201 University Boulevard, Laredo, TX 78041-1900
Ph 956.326.2637 • Fax 956.326.2474
E-mail great@tamiu.edu • http://www.tamiu.edu/~rheredia/great.html

GRE Score: _____ Verbal _____ Quantitive _____ Total
GMAT Score: ______
Graduate admission Status
____ Accepted ______ Conditionally accepted ______ Pending Review
Funding Duration: ☐ Fall ☐ Spring
Approved: __________________ Date: _____________

GREAT funding was possible by Title V Promoting Postbaccalaureate Opportunities for Hispanic Americans (PPOHA) Program from the United States Department of Education Award #: PO31M105048
Name: ____________________________  CWID# : ______________________________________________________

Permanent Address (as listed on driver’s license) : _______________________________________________

City ______________________________  County ______________________________  State ____________  Zip ____________

Mailing Address (if different from above address) : _______________________________________________

City ______________________________  County ______________________________  State ____________  Zip ____________

Phone: ( ____ ) ______________  Mobile: ( ____ ) ______________  E-mail: ______________________________

Date of birth: ____________________  Sex: □ Female  □ Male  Marital Status: __________________________

Major field of study: ____________________  Minor field of study: ____________________

Year in Graduate school at TAMIU ___________  Starting date in Graduate program ______________

□ Ethnicity: ________________________

□ Are you a U.S. Citizen: □ Yes  □ No  □ If not, please specify visa/immigration status: ______________________

□ How long have you lived in Webb County or South Texas: ____________________________

□ Expected graduation date: __________________________

Please list any fellowships, scholarships, teaching, and other relevant positions held since entering college or university:

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Please list any awards, honors, offices held and scholarships received at the college level. Also list organizations in which you were involved. List the time period of involvement and any elected positions held.

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Please list any scholarly activities in which you have participated which might be relevant to your application:

(Research writing, institutes, seminars, conferences, etc.):

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Please list any academic honors:

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Please list 3 recent letters of recommendation that address your past academic and/or professional accomplishments. These letters should also address your future academic goals.

Letter of Recommendation 1

Address: ____________________________________________  Phone: ( ____ ) ______________  E-mail: ______________________________

Letter of Recommendation 2

Address: ____________________________________________  Phone: ( ____ ) ______________  E-mail: ______________________________

Letter of Recommendation 3

Address: ____________________________________________  Phone: ( ____ ) ______________  E-mail: ______________________________

Signature: ____________________________________________  Date: __________________________

I certify that information is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations of this research assistantship and Texas A&M International University. I certify that if awarded, I will not hold or seek outside employment. I authorize the University to verify the information I have provided. I further understand that this information will be relied upon by the officials of the University in determining your application and admission status. I also understand that the submission of false information is grounds for rejection of my application withdrawal of an offer of acceptance, cancellation of enrollment and/or disciplinary action. I also authorize GREAT to release any information contained in this application to University departments as well as outside donors.

Student Certification

Signature: ____________________________________________  Date: __________________________