



**Competitive Graduate Award Application
Faculty Mentor Form**

Type or print clearly. *(Please note: Your mentor **MUST** be an SIUE Faculty member. No Exceptions)*

Applicant: _____
(family name) (first name) (middle)

Student ID #: _____

SIUE Faculty Mentor's Name: _____

I have read the "Description of Scholarly Activities" written by the above CGA applicant and certify that it is an accurate representation of our agreement. If the above applicant is both fully admitted and receives the CGA, I agree to mentor the applicant in the completion of these activities, and I agree to notify the Graduate School if the student is performing unsatisfactorily.

Faculty Mentor's Signature: _____

Faculty Mentor's Email: _____

Faculty Mentor's Department: _____

Date: _____