

DELAWARE STATE UNIVERSITY

AMP DIRECTOR LETTER OF RECOMMENDATION FORM

PLEASE TYPE OR PRINT

APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		
DEPARTMENT	MAJOR	MINOR
CUM GPA _____ OF _____	JUNIOR YEAR GPA _____ OF _____	SENIOR YEAR GPA _____ OF _____
MAJOR GPA _____ OF _____	EXPECTED DATE OF GRADUATION: _____ OR DATE OF GRADUATION: _____	GRE: _____M _____V _____A (Please submit a copy of your GRE score – official copy not required) OR TESTING DATE _____
WERE YOU AN ACTIVE MEMBER OF AMP? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE CONTINUE IN SECTION I		
IF NO, PLEASE CONTINUE IN SECTION II		

SECTION I

<p>1. PLEASE LIST THE SEMESTERS\YEARS YOU WERE AN ACTIVE PARTICIPANT IN AMP. (SEMESTER\YEAR)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____ \ _____</td> <td style="width: 50%; border: none;">_____ \ _____</td> </tr> <tr> <td style="border: none;">_____ \ _____</td> <td style="border: none;">_____ \ _____</td> </tr> <tr> <td style="border: none;">_____ \ _____</td> <td style="border: none;">_____ \ _____</td> </tr> <tr> <td style="border: none;">_____ \ _____</td> <td style="border: none;">_____ \ _____</td> </tr> </table> <p>2. PLEASE DESCRIBE YOUR PARTICIPATION IN AMP ACTIVITIES.</p>	_____ \ _____	_____ \ _____	_____ \ _____	_____ \ _____	_____ \ _____	_____ \ _____	_____ \ _____	_____ \ _____
_____ \ _____	_____ \ _____							
_____ \ _____	_____ \ _____							
_____ \ _____	_____ \ _____							
_____ \ _____	_____ \ _____							

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SECTION I CONTINUED

3. DID YOU RECEIVE FINANCIAL SUPPORT FROM THE AMP PROGRAM? YES NO
IF YES, PLEASE LIST SEMESTERS AND AMOUNT OF AWARD. (SEMESTER\YEAR\AMOUNT)

_____ \ _____ \ _____

_____ \ _____ \ _____

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4. PLEASE EXPLAIN WHY YOU SHOULD BE CONSIDERED FOR THE BRIDGE TO THE DOCTORATE FELLOWSHIP PROGRAM.

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SECTION II

1. DID YOU RECEIVE ANY SUPPORT FROM THE DSU AMP PROGRAM? YES NO
IF YES, PLEASE EXPLAIN.

2. PLEASE EXPLAIN YOUR RATIONAL FOR YOUR ELIGIBILITY FOR THE BRIDGE TO THE DOCTORATE PROGRAM.