



GRADUATE COLLEGE

Office of Graduate Inclusion

422 Gilmore Hall
Iowa City, Iowa 52242-1320
319-353-2584
ogi.grad.uiowa.edu

ACT Scholars Program Departmental Approval

Applicant's First Name:

Applicant's Last Name:

I certify that this student applying for the **ACT Scholars Program** is in good academic standing within the department/program and is making good progress toward his/her degree and meets all University of Iowa graduate student eligibility requirements.

Director of Graduate Studies

(DGS) Signature:

DGS Name (Please Print):

Academic Advisor

(Advisor) Signature:

Department/Program:

Note to applicant: Once you have obtained the appropriate signatures, please scan and upload this document as part of the ACT Scholars Program application process.

