

UNIVERSITY *of* MISSOURI

HARRY S TRUMAN SCHOOL OF PUBLIC AFFAIRS

OFFICE OF ACADEMIC PROGRAMS

Capital Fellowship Program

State Agency Recommendation Form

Name of Applicant: _____
(Last Name) (First) (Middle)

Missouri State Agency:

Current Title:

Years in current position: _____ Years at State Agency: _____

Name of Nominating Official:

(Last Name) (First) (Middle)

Title of Nominating Official:

Please attach a letter of support for the student being recommended to the Capital Fellowship Program.

Signature of Nominating Official:

Date submitted: _____ Intended first semester of enrollment: _____

