The CGS/University Microfilms International Dissertation Award
NOMINATION FORM

Name of Nominee: ___________________________________________  ___________________________________________

CGS may reach nominee at: ___________________________________________

Complete Mailing Address

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Nominee's Educational Background:

Institution

Dates Attended

Address

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Nominee's Professional Background:

Current Employer

Address

Telephone

Position Title

Dates

Publications and Honors:

________________________________________________________________

Certification of Institution:

Degree Awarded

Specialty

Department or Other Unit

Name of Nominee's Dissertation Supervisor

Department or Unit

Title of Dissertation

*Date of Completion of All Degree Requirements: __________________________

*Date of Degree Award (actual or expected): __________________________

*One of these dates must fall between or include July 1, 20XX (two years prior to award year), to June 30, 20XX (award year). In any event, the candidate must have completed all degree requirements including dissertation. Name and Title of Graduate Dean or Other Institutional Officer responsible for doctoral programs.

Signature of Graduate Dean

Date

Address

Telephone

________________________________________________________________________