

**The CGS/University Microfilms International Dissertation Award  
NOMINATION FORM**

Name of Nominee:

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First Middle Last

CGS may reach  
nominee at:

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Complete Mailing Address

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Telephone

Nominee's  
Educational  
Background:

\_\_\_\_\_  
Institution Dates Attended

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Address

Nominee's  
Professional  
Background:

\_\_\_\_\_  
Current Employer

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Address

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Telephone

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Position Title

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Dates

Publications  
and Honors:

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\_\_\_\_\_

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

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Date

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