

The CGS/University Microfilms International Dissertation Award 2009

NOMINATION FORM

Name of Nominee:

First Middle Last

CGS may reach nominee at:

Complete Mailing Address

Telephone

Nominee's Educational Background:

Institution Dates Attended

Address

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

*One of these dates must fall between or include July 1, 2007, to June 30, 2009. In any event, the candidate must have completed all degree requirements including dissertation.

*Date of Completion of All Degree Requirements: _____

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

Printed Name and Title of Graduate Dean or Other Institutional Officer responsible for doctoral programs

Signature of Graduate Dean Date

Address Telephone
