Nomination Form
Summer 2017 Dissertation Fellowship

**Students/Faculty:** This form and all supporting documentation must be submitted to your College or School. Forms submitted directly to the Office of Graduate Studies will not be considered. Please contact your department's Graduate Advisor for additional information and application deadlines.

**TO BE COMPLETED BY NOMINEE:**

Date: _________________________________________ Student ID (1000#) ________________

Name of Nominee _____________________________________________________________________

(Last)            (First)      (Middle)

Email Address: _______________________________________________________________________

Department: _________________________________________________________________________

Dissertation Title: ___________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Date of approval of dissertation proposal/prospectus: ______________________________________

Has all research needed to complete the dissertation been finished?    Yes      No

Updated 02.2017jj
Please circle either **YES** or **NO** to indicate whether you and your advisor are committed to assuring that you will graduate in the Summer 2017 Term. If you circle NO, please indicate the month and year you expect to complete.

To receive this Fellowship, all non-US citizens must either have applied for OPT or H1B status (that starts no later than 60 days after the PhD is conferred) or indicate that they will leave the United States shortly after graduating in the Summer Term.

I have applied for OPT to start on the following date (type N/A if you do not intend to apply):

If you have not applied for OPT or H1B status it is assumed that you plan to leave the University and depart from the United States after you complete your degree in August.

**STUDENT ACKNOWLEDGEMENT:**
I understand that the intent of this award is to provide financial assistance enabling me to complete the final stage of my doctoral studies and complete my degree in the Summer 2017 Term. Further I understand the following:

1. The award **will not be renewed, extended, or delayed under any conditions**.
2. I can only receive the Dissertation Fellowship once.
3. I will hold no other forms of paid employment while a Dissertation Fellow.
4. I will enroll in at least 3 hours of dissertation research during the upcoming Summer Term.
5. The fellowship may have to be repaid if I fail to complete my degree by the end of Summer 2017.
6. International students must apply for OPT to start after graduation or indicate they intend to leave the United States immediately after completing their degree as per visa regulations.

(Student Signature) (Date)

**TO BE COMPLETED BY THE NOMINATING DEPARTMENT (Supervising Professor and Graduate Advisor)**

We support this nomination for a Dissertation Fellowship. The nominee is in good academic standing and is prepared and approved to concentrate fully on dissertation work. We have carefully examined the student's proposal and progress to-date and believe the nominee will be able to complete and successfully defend the dissertation to graduate by the end of the Summer Term. Failure to complete as expected may require that the Fellowship be repaid unless extraordinary events have befallen the student. This student's dissertation is well-advanced and is unlikely to be delayed by unexpected problems or unresolved issues with research or analyses. Finally, if the nominee is an international student we have determined that he or she has applied for OPT or H1B to start after graduation or intends to leave the United States.

**Supervising Professor:**

Name: _____________________________________________

Email: _____________________________________________

(Signature) (Date)

Updated 02.2017 jj
Graduate Advisor:

Name: _____________________________

Email: _____________________________

(Signature) (Date)

TO BE COMPLETED BY COLLEGE OR SCHOOL SELECTION COMMITTEE

The selection committee of the ___________________________________________________________

(Name of College or School)

nominates this student for a Dissertation Fellowship. He/she is currently enrolled, is in good academic

standing and is fully prepared and approved to concentrate on completing his/her dissertation. After
careful evaluation, we expect the dissertation will be completed and successfully defended by the end of

the Summer, 2017 Term. We understand that repayment of the fellowship may be required if the

recipient fails to complete and graduate by the end of Summer 2017. This nominee’s dissertation work is

well-advanced and is unlikely to be delayed by unexpected problems or unresolved issues

with research or analyses. This nominee is ranked _____________.

Chair of Selection Committee:

Name: ____________________________________________

Email: ____________________________________________

(Signature) (Date)