RAPPAPORT AWARD FOR RESEARCH EXCELLENCE
NOMINATION FORM

Please return with the other nomination materials to Cathy Prullage in the IBiS office by noon of June 10, 2015.

Student Name: ____________________________________________

Last       First       MI

Daytime phone number ___________________________ NU E-mail address: ________________________________

Anticipated date of graduation: ________________ Advisor ____________________ ____________

Year

Research topic (or thesis title)

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Nominating IBiS faculty member: ___________________________________________ Date: __________________

Signature __________________________________________________________

To the Student: The Family Educational Rights to Privacy Act of 1974 and its amendments guarantee enrolled
students the right to see their letters of recommendation unless they explicitly waive that right.

I ☐ do ☑ do not waive my right to inspect the contents of letters of recommendation submitted on my behalf.

Letters of recommendation have been requested from:

Name ___________________________________________ E-mail address: ________________________________

Name ___________________________________________ E-mail address: ________________________________

Name ___________________________________________ E-mail address: ________________________________

Other concurrent fellowships: Have you applied for any other fellowships that will be awarded at the same time as
the Rappaport Award for Research Excellence? If so, list which ones and when they would be held. The award of
another fellowship does not disqualify you from receiving the Rappaport Award for Research Excellence.

Student Signature: ___________________________________________ Date: __________________