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 9, 2017.

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: ________________