Outstanding Graduate Student Paper Award Nomination Form

Nominee’s name: ____________________________________________

Mailing address: ____________________________________________

Email address: ____________________________________________

Graduate program title: ______________________________________

University: ________________________________________________

Advisor’s name: ____________________________________________

Advisor’s email address: ____________________________________

Has nominee completed Ph.D. degree? ☐ No
☐ Yes → Date degree conferred? ______

Word count of the submitted paper’s text (minus abstract, references, etc)? ______
(If the paper is unpublished, it will NOT be considered if it is over 9000 words)

If the paper is published, please provide the citation:
__________________________________________________________________________

Is the nominee a member of the SALC (dues payment is up-to-date)? ☐ No
☐ Yes

Please sign below verifying the information provided on this form.

Nominee’s name ___________________________ Nominee’s signature ______________

Advisor’s name ___________________________ Advisor’s signature ______________