ERMA LEE AND LUKE MOONEY GRADUATE STUDENT RESEARCH EXCELLENCE AWARD NOMINATION

| Date of Nomination: | |
|----------------------------|--|
| Name of Nominee: | |
| Address: | |
| | |
| Telephone Number: | |
| Email: | |
| Advisor's Name: | |
| Advisor's Telephone #: | |
| Advisor's Email: | |
| Thesis/Dissertation Title: | |
| Department: | |
| Graduation Date: | |

By signing this, I acknowledge that I am the student's designated advisor and have only supported one student for this purpose. The nominee has defended their research by the nomination date. His/her anticipated graduation date will be by the end of this year.

Advisor's Signature: