

Graduate School Doctoral Dissertation Completion Grant Department Statement of Nomination Form

Statement of Nomination

I, _____, hereby nominate _____ for a
Director of Graduate Programs *Nominee*
Doctoral Dissertation Completion Grant.

I certify that the nominee:

- A. Has met all course requirements and passed preliminary written and oral exams;
- B. Will complete all research for their dissertation prior to the grant start date and that all that will remain as of the beginning of the grant period is the writing of the dissertation.
- C. The student has exhausted their GSSP eligibility ____ **Yes** ____ **No**
- D. If the answer to C is "No", the student ____ **will** ____ **will not** (*check one*) receive funding in the form of a TA, RA or Fellowship if not selected for a Dissertation Completion Grant.

Signed _____ **Date** _____
*Director of Graduate Programs**

***Note to Director of Graduate Programs:** *If you have additional information regarding the nominee that would be of value to the reviewers, please include a brief comment in the application.*