

GRADUATE STUDENT AWARD CERTIFICATE

OMB Number: 0925-0740 (Expiration Date: May 2019)

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In order to receive your graduate award certificate for this period, you must have graduated or defended your dissertation by DATE, and you must complete the following:

- 1) Complete and submit this online form
- 2) Register in the Alumni Database

GENERAL INFORMATION

First Name (Given Name):*

Last Name (Family Name):*

Your NIH Email Address:

Enter your active or inactive NIH email address.

Your Permanent Email Address:*

GRADUATE UNIVERSITY INFORMATION

Graduate University*

Enter the complete name of your graduate university.

Graduate School / College Name:

example: School of Medicine, College of Natural Science, etc...

Graduate Department / Program*

example: Department of Chemistry

Your Graduate University Start Date:*

(best estimate is acceptable)

Your Graduate University Graduation Date (actual or anticipated):*

Degree Awarded / Anticipated:*

Dissertation Title*

Use mixed case – i.e. capitalize each word other than 'a', 'the', 'from', 'of', 'at', prepositions, etc...

NIH INFORMATION

NIH Institute–Center:*

NIH Campus Location:*

Your NIH Start Date as a PhD Graduate Student:*

(best estimate is acceptable)

Your NIH End Date as a PhD Graduate Student (actual or anticipated):*

NIH RESEARCH ADVISOR INFORMATION

NIH Research Advisor (Primary):*

NIH Research Advisor – Phonetic Pronunciation (Primary):*

NIH Research Advisor – Email Address (Primary):*

NIH Research Advisor (Secondary, if applicable):

NIH Research Advisor – Phonetic Pronunciation (Secondary, if applicable):

NIH Research Advisor – Email Address (Secondary, if applicable):

UNIVERSITY ADVISOR INFORMATION

University Research Advisor (Primary):

Include someone only if they are advising / mentoring you in research.

University Research Advisor – Phonetic Pronunciation (Primary):

University Research Advisor – Email Address (Primary):

University Advisor (Secondary, if applicable):

University Advisor – Phonetic Pronunciation (Secondary, if applicable):

University Advisor – Email Address (Secondary, if applicable):

CERTIFICATE AWARD

Name as you would like it to appear on the Award Certificate*

Write the phonetic pronunciation of your name:*

Do you plan to attend the award ceremony on DATE*

Yes No

If you are unable to attend the ceremony, the certificate will be available for pickup on the NIH Bethesda campus following the ceremony or mailed to you (provide your mailing address in the space provided):

Submit Survey

Cancel



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