

GPP - GRADUATE STUDENT AWARD CERTIFICATE

OMB Number: 0925-0299

Expiration Date: 30-June-2019

In order to receive your graduate award certificate for this period, you must have graduated or defended your dissertation by February 23, 2017, and you must complete the following:

- 1) Complete and submit this online form
- 2) Register in the Alumni Database – <https://www.training.nih.gov/alumni/register>

GENERAL INFORMATION

First Name (Given Name):*

Last Name (Family Name):*

Your 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...

Your Graduate University Start Date:*

(best estimate is acceptable)

September ▾ 06 ▾ 2018 ▾

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

September ▾ 06 ▾ 2018 ▾

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)

September 06 2018

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

September 06 2018

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 Resarch 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 22-February-2018?*

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](#)

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address

