NIH Graduate Partnerships Program Award Certificate

OMB Number: 0925-0299
Expiration Date: 31-March-2027
Burden Time: 3 minutes

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1. NIH Badge Number

2. First Name (Given Name):

3. Last Name (Family Name):

4. Your NIH Email Address:

5. Your Permanent Email Address:

6. Name as you would like it to appear on the Award Certificate:

7. Graduate University:

8. Graduate School / College Name:

9. Graduate University Start Date (Month-Year):

10. Graduate University Stop Date (Month-Year):

11. Degree Awarded / Anticipated
    - o PhD
    - o PsychD
    - o PharmD
    - o MD, PhD
    - o DVM, PhD

12. Dissertation Title:

13. University Research Advisor (Primary) - Full Name:

14. University Research Advisor (Primary) - Email Address:

15. University Research Advisor (Secondary) - Full Name:

16. University Research Advisor (Secondary) - Email Address:

17. Institute-Center (acronym):

18. NIH Campus Location:
    - o Baltimore, MD
    - o Bethesda, MD
    - o Frederick, MD
    - o Gaithersburg, MD
    - o Poolesville, MD
    - o Rockville, MD
    - o Framingham, MA
    - o Research Triangle Park, NC
    - o Hamilton, MT
    - o Phoenix, AZ

19. NIH Start Date as a PhD Graduate Student (Month Year):

20. NIH Stop Date as a PhD Graduate Student (Month Year):

21. NIH Research Advisor (Principal Investigator) - Full Name:

22. NIH Research Advisor (Principal Investigator) - Email Address:

23. NIH Research Advisor (Daily Mentor, if applicable) - Full Name:

24. NIH Research Advisor (Daily Mentor, if applicable) - Email Address:

Submit