

OUTSTANDING GRADUATE STUDENT AWARDS

NOMINATION FORM

Name of Applicant:	
Academic College:	
The Graduate Program	
Award Category (select one from the given categories):	<input type="checkbox"/> Graduate Student <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Graduate Teaching Assistant <input type="checkbox"/> Graduate Teaching Fellow
Signature of Faculty Member/Advisor:	
Printed Name of Faculty Member/Advisor:	
Email Address of Faculty Member/Advisor:	
Signature of Supervisor/ Department Chair/Director/ Dean of College	
Printed Name of Supervisor/ Department Chair/ Dean of College	
Email Address of Supervisor/ Department Chair/ Dean of College	
Date	

Please complete and submit this form by **January 29th, 2024** at cgsr@radford.edu.