

**Edward H. Shortliffe Doctoral Dissertation Award
Information Sheet**

(Please submit this completed form with your nomination materials)

Nominator:

Name: _____

Title: _____

Department: _____

University: _____

Mailing address: _____

Phone: _____ Cell: _____

Email address: _____

Relationship to nominee: _____

Nominee:

Name: _____

Doctoral degree sought or granted: _____

Department: _____

University: _____

Mailing address: _____

Phone: _____ Cell: _____

Email address: _____

Date of conferral of doctoral degree (if pending, so state): _____

Date of completion of all degree requirements with signatures of all committee members: _____

Supporting Letter #1:

Name: _____

Title: _____

Department: _____

Affiliation: _____

Mailing address: _____

Phone: _____ Cell: _____

Email address: _____

Relationship to nominee, if any: _____

Supporting Letter #2:

Name: _____

Title: _____

Department: _____

Affiliation: _____

Mailing address: _____

Phone: _____ Cell: _____

Email address: _____

Relationship to nominee, if any: _____