OUTSTANDING THESIS AWARD
SIU Graduate School

NOMINATION FORM

Student’s Name ____________________________

Current Address ____________________________

City ____________________________ State _______ Zip. ____________

Phone Number ____________ I.D. Number ________________

Email Address ____________________________

Master’s Program ____________________________

Concentration (if applicable) ____________________________

Thesis Title

__________________________________________

__________________________________________

__________________________________________

Semester and Year of Graduation

__________________________________________

Thesis Adviser Name ____________________________

Thesis Adviser Email ____________________________

Thesis Adviser Signature ____________________________

A nomination shall consist of the following:
1. Nomination Form.
3. Abstract.
4. Vita.
5. A detailed statement of the nature and importance of the thesis research.

Please submit one electronic copy of the nomination to gradschl@siu.edu

Deadline: Friday, October 14, 2022