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| **LEGUME SCHOLARS PROGRAM NOMINATION FORM****DEADLINE: 19 December 2014** |
| **NOMINATING SCIENTIST INFORMATION** |
| Surname (family name): |
| First Name (personal name): |  | Second Name: |
| Mailing Address: |
| Telephone: | Email Address: |  |
| Name of Research Institution where employed: | Position: | Research focus on Grain Legumes: |

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| **NOMINATED CANDIDATE INFORMATION** |
| Surname (family name) as it appears on passport: |
| First Name as it appears on passport: |
| Second name as it appears on passport: |
| Age: Gender (circle): Country of Citizenship (M/F | country of current passport): |
| Mailing Address: |
| Phone (mobile): | Phone (other): |
| Email 1: |
| Email 2: |
| Academic Program for underg degree: | raduate University where undeobtained (include coun | rgraduate degree was Date oftry): undergraduatedegree award: |
| Academic program for Master (if completed): | ’s degree University where Masterobtained (include coun | of Science degree was Date of MSctry): degree award: |
| Desired graduate degree program (MSc or PhD) and focus area for study: |

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| Preference of U.S. Universities offering graduate degree program and preference of Major Professor |
| Preference 1 University:Professor: | Preference 2 University:Professor: |

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| Did nominee take the Test of English as a Foreign Language (TOEFL) or IELTS (Yes or No): | Examination Date for TOEFL or IELTS, if completed (leave blank if not taken): | Score received on TOEFL or IELTS (leave blank if not taken): |
| Did nominee take the Graduate Record Examination (GRE) (Yes or No): | Examination Date for GRE, if completed (leave blank if not taken): | If GRE completed, what scores were received?Quantitative Verbal Analytical |
|  |  |  |

Please send a PDF copy of this completed form to:

Signature of Nominating Scientist:

Date:

Legume Scholars Program Office at Michigan State University (legumescholar@anr.msu.edu)