LEGUME SCHOLARS PROGRAM NOMINATION FORM

DEADLINE: 19 December 2014									
NOMINATING SCIENTIST INFORMATION									
Surname (family n	ame):								
First Name (personal name):			Second Name:						
Mailing Address:									
Telephone:		Email Address							
Name of Research employed:	Institution where	Position:			Research focus on Grain Legumes:				
	N	OMINATED CAN	IDIDATE IN	FORMATI	ON				
Surname (family n	ame) as it appears o	on passport:							
First Name as it ap	opears on passport:								
Second name as it	appears on passpor	t:							
Age:	Gender (circle):	Country of Citiz	enship (coun	ent passport):					
	M/F								
Mailing Address:									
Phone (mobile):		Phone (other):							
Email 1:									
Email 2:									
Academic Program degree:	for undergraduate	University where undergraduate degree was obtained (include country):			ree was	Date of undergraduate degree award:			
Academic program for Master's degree (if completed):		University where Master of Science degree was obtained (include country):			legree was	Date of MSc degree award:			

Desired graduate degree program (MSc or PhD) and focus area for study:

Preference of U.S. Universities offering graduate degree program and preference of Major Professor								
Preference 1	Preference 2							
University:	University:							
Professor:	Professor:							
]		ite for TOEFL or eted (leave blank if	Score received on TOEFL or IELTS (leave blank if not taken):					
Did nominee take the Graduate Record Examination (GRE) (Yes or No): Examination Do completed (lea taken):			If GRE completed, what scores were received? Quantitative Verbal Analytical					
Signature of Nomination Scientist:	Date:							

Please send a PDF copy of this completed form to: Legume Scholars Program Office at Michigan State University (legumescholar@anr.msu.edu)