

PREPARING FUTURE FACULTY SUMMER INSTITUTE

June 10-13, 2009
Washington, DC Area

Nomination Form

Due: Friday, April 10, 2009

Please print or type the following information.

Institution: _____

Name of Nominator: _____ **Title:** _____

Mailing Address: _____

Telephone Number: (____) _____ **Email:** _____

Student Information

Nominee (Student) Name: _____

Racial/Ethnic Background: African American Hispanic/Latino
 Pacific/Islander Alaskan Native
 American Indian Other: _____

Sex: Male Female **Citizenship:** United States U.S. Permanent Resident Other

Mailing Address: _____

Telephone Number: (home) _____ (office) _____

Email Address: _____

Degree Program: _____

Year in Doctoral Program: 1st 2nd 3rd 4th Other: _____

Please send nomination form (via postal mail, email, or fax) directly to:

Dr. Kimberly R. Moffitt

Dr. Kamla Deonauth

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