OFFICE OF
RESEARCH &
GRADUATE STUDIES
CENTRAL MICHIGAN UNIVERSITY

2025-2026 Distinguished Thesis Award Nomination Form

Student: _____ Student ID#: _____

Student Email: _____ Student Phone: _____

Department: _____

Graduate Program: _____

Indicate the broad category that aligns with this thesis nomination:

Biological and Life Sciences (see guidelines for full description)

Humanities (see guidelines for full description)

Graduation Semester:

Summer 2023	Fall 2023	Spring 2024
Summer 2024	Fall 2024	Spring 2025
Summer 2025		

Program Director:
I confirm that this is the ONE nomination from our program from this category for this year.
Required attachments:

- Abstract of the nominated thesis (see guidelines for details)
- Letter of support from advisor (see guidelines for details)

Name: _____ Signature: _____ Date: _____

Department Chair:

Name: _____ Signature: _____ Date: _____

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