DOCTORAL STUDENT APPLICATION FORM

Doctoral Student’s Name: ___________________________________________________________

Email Address: ___________________________________________________________________

Phone: ___________________________________________________________________________

University: ________________________________________________________________________

Note:
• Students must be nominated by their dissertation chair or committee member.
• Doctoral students who (1) are completing, or have completed, at least 3 years of their program, and (2) will be ABD status by the time they attend the consortium, are eligible for nomination.
• Only one student may be nominated from each University.

Nominating Dissertation Chair/Committee Member: ______________________________________

What year is the nominee in his/her program? __________________________________________

Title of Dissertation:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Briefly describe the Doctoral Student’s dissertation timeline for topic approval, data collection and anticipated completion:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Please submit the required application package, including this form, before February 14, 2020, to:

Terri Kirchner
Email: tkirchne@odu.edu

If you have questions or would like additional information, please contact:

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Thank you – and we look forward to your participation!