**Cover Page**

***International Motor Development Research Consortium***

**Nomination Application for I-MDRC Fellows and Lifetime Career Fellows**

**NOMINEE INFORMATION:**

|  |
| --- |
| Name:  |
| Address 1: |
| Address 2: |
| City: State: Country:  |
| Zip/Country Code: Phone number including country code:  |
| Email: : |

*Type of Fellow Nomination (Check or Circle One): \_\_\_\_\_ I-MDRC Fellow \_\_\_\_\_Lifetime Career Fellow*

*Years’ experience in field post terminal degree: Number of Years \_\_\_\_\_\_\_\_*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Education*** | ***Institution*** | ***Degree*** | ***Year*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Current Position:* |
| *Institution: Rank/title:*  |
| *Department/Unit: Location:* |
| **For I-MDRC Fellows only please complete the following**: |
| List Time Period of Professional Membership in I-MRDC (must be an active member to be nominated):  |
| List involvement in I-MDRC where appropriate: |

***EMPLOYER’S CONTACT INFORMATION (for press release):***

|  |  |  |
| --- | --- | --- |
| ***Department Head/Chair*** | ***Name*** | ***Email address*** |
|  |  |  |
| ***Dean/Director*** | ***Name*** | ***Email address*** |
|  |  |  |

***NOMINATORS INFORMATION: (\*Primary Nominator signs on behalf of the other Nominators with their consent)***

|  |  |
| --- | --- |
| **Primary Nominator: Fellow #** | **Signature:**  |
| **Address:**  |
| **Email:** | **Phone:**  |
| **Reference #1:**  |  **Fellow #** |
| **University Affiliation:**  |
| **Email:** | **Phone:**  |
| **Reference #2:**  | **Fellow #** |
| **University Affiliation:**  |  |
| **Email:** | **Phone:**  |