

## MARVIN E. GOODY AWARD

### Application Form

Name \_\_\_\_\_

Term Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_

Degree Program \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Thesis Title \_\_\_\_\_

Thesis Advisor \_\_\_\_\_

Additional referee(s) \_\_\_\_\_

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### Applicant's Statement

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Checklist: \_\_Resumé \_\_Thesis Proposal \_\_Advisor Ref \_\_Other Ref(s)