

International Commission on Trichinellosis Student Research Award Nomination/Application

| Name: | | |
|---------------------------|-----------------------|--------|
| Last | First | Middle |
| Address: | | |
| | | |
| Telephone: | Email: | |
| Current student status: _ | Undergraduate student | |
| - | Graduate student | |
| - | Completed degree | |
| Name of University | | |
| Degree Program | | |
| Date completed (if applic | cable) | |
| Title of Abstract | | |
| | | |
| | | |
| | | |
| | | |
| Name of nominator (if ap | oplicable) | |
| Telephone: | Email: | |