



FELLOWS  
NOMINATION FORM

To be completed for each individual nomination

**Candidate**

Last Name:	First Name:	Middle Initial:
Z Number:	Organization:	Phone:
Mail Stop:	Email Address:	

**Nominator**

Last Name:	First Name:	Middle Initial:
Z Number:	Organization:	Phone:
Mail Stop:	Email Address:	

**Package Includes (please check all that apply):**

- 1) Table of Contents \_\_\_\_
- 2) Letter of Nomination \_\_\_\_
- 3) Letters of Endorsement \_\_\_\_
- 4) CV/Resume \_\_\_\_
- 5) Publications and Citations \_\_\_\_

Contains Export Control Sensitive Information      Yes \_\_\_\_ No \_\_\_\_  
 Contains Restrictions on Access and Dissemination      Yes \_\_\_\_ No \_\_\_\_

ADC Reviewer (print name)	Signature	Date
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Internal Use Only:

Date package received: \_\_\_\_\_