

**Arthur B. McDonald Fellowships  
Institution certification of nominee**

<b>Name of nominee (family name, given name):</b>	
<b>Host institution:</b>	

**Eligibility**

Provide details about the nominee's [first independent academic position](#) and total length of eligible [delays in research](#) or period(s) of inactivity since starting the position. For more information on eligibility, see [Who can apply?](#)

<b>Start date (mm/dd/yyyy)</b>	<b>Position title</b>	<b>Institution</b>	<b>Total length of delays (months)</b>

**Teaching and administrative relief**

Describe how the institution will fully relieve the nominee of these responsibilities while they hold the award.

**Nominee selection**

Describe the process used to identify and select nominees at the institution. For more information, see [Nomination process](#).

In submitting this nomination and signing this form, I \_\_\_\_\_ (printed name of executive head of the institution) certify that the nominee is eligible and that the institution supports the consideration of the nominee for an Arthur B. McDonald Fellowship.

<b>Institutional official signature:</b>	
<b>Title:</b>	
<b>Date:</b>	