

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

Name of nominee (family name, given name):	
Host institution:	

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?](#)

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

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.

Institutional official signature:	
Title:	
Date:	