

OUTSTANDING M.S. STUDENT AWARD NOMINATION FORM

DEPARTMENT OF AGRICULTURAL ECONOMICS
And AGRIBUSINESS - LSU

Please return this form and all other nomination materials to Room 101, Agricultural Administration Building by close of business on October 23, 2009.

Name _____ Advisor _____
Student # _____ Date Entered the Program _____
Local Address _____ Anticipated Graduation Date _____
_____ Completed Program of Study: Yes or No (Circle)
Local Phone # _____ Research Proposal Approved: Yes or No (Circle)
Program _____
Semester Hours Completed @ LSU _____ Total Semester Hours Completed _____
Grade Point Average @ LSU _____ Overall Grade Point Average _____
Letter of Recommendation have been requested from _____ and

Advisor's Comments:

Please attach a vita that include a list of publications, paper presentations, service activities to the department, university and profession and awards since entering your graduate program. To certify that the information provided in this application is true and correct, please sign below.

Signature

Date