



- Nominee Information

- Academic/Employment Information

- Honors/Citation

- Letters of Support

- Nominator Information

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## Medal for the Advancement of Research Nomination - Confidential

**SUBMIT THIS FORM BY 1 February one year prior to that in which the award is to be given to:**

Chair, Award Selection Committee  
ASM International  
9639 Kinsman Road  
Materials Park, OH 44073-0002

### Criteria:

**\*For the executive officer in an organization with important activities in materials industries, and who is responsible for corporate decisions on support of research or development. This excludes research executives or managers who are the recipients of such support.**

**\*Consistently (over period of years) sponsored R&D (i.e. providing funding - not a recipient of such support).**

**\*By foresight and actions help to advance materials science and engineering.**

**\*Recipient shall personally accept award at the ASM Awards Dinner.**

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You will also receive an email confirmation. If you do not receive the email confirmation, please contact [Christine Hoover](#).

SAMPLE FORM - INFO ONLY

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Once the files are uploaded, you will see a screen confirming your submission and you will receive an email confirmation.

*If you do not see this screen, your submission did not go through. Please make sure each file is below 3MB and resubmit the package. If the submission does not upload and transmit properly, please contact [Christine.Hoover@asminternational.org](mailto:Christine.Hoover@asminternational.org).*

**Please be certain to furnish all relevant information: Missing data cannot be obtained elsewhere. The submitted material is the total case as it will be presented to the Awards Policy Committee. Please use additional sheets as necessary. Omissions can weaken the case of your nominee.**

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SAMPLE FORM - INFO ONLY

## Medal for the Advancement of Research Nomination - Confidential

### 1. Nominee Information: \* = Required Information

Prefix (Dr./Prof./Ms./Mr./etc.): \*Candidate First Name: Candidate Middle Name/Initial: \*Candidate Last Name: Suffix: (Sr., Jr., PE, etc.) Business Title: Department/Division: Company Affiliation: Address 1: Address 2: \*City: \*State/Province: Zip Code: \*Country: Phone Number: E-Mail Address: 

### 2. ASM Membership Status:

Is Nominee an ASM Member?

Is the nominee an ASM Member? 

### 3. Please provide if known:

Member Number (if applicable/or known) 

### 4. Chapter:

Chapter

Chapter (If applicable/or known): 

### 5. Nature of Business: (150 words or less)

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### 6. Academic Background: (institution, major/minor, graduation year, degree/certificate)

	Institution	Major/Minor	Yr of Graduation	Degree/Certificate
Degree 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 7. Employment History:

	Company Name	Position Held	Years of Service
Employment History 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 8	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Resume/Bio/CV as appropriate may be uploaded to provide this information. Please be cognizant of document size and number of pages provided.

No file selected

9. ATTACH PHOTO OF NOMINEE:  
Attachments are not to exceed 3M max per file.

No file selected

## Medal for the Advancement of Research Nomination - Confidential

### 10. Honors: Please be cognizant of document size and number of pages provided.

[Choose File](#) No file selected

### 11. Read carefully the qualifications for this award. Why does nominee fit the requirements?

### 12. Suggested citation of not more than thirty (30) words.

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SAMPLE FORM - INFO ONLY

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### RECOMMENDATION LETTERS:

Append statements of at least three (3) close associates familiar with the candidate's endeavors.

#### File Upload for Supporting Letter 1:

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#### File Upload for Supporting Letter 2:

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#### File Upload for Supporting Letter 3:

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#### File Upload for Supporting Letter 4:

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#### File Upload for Supporting Letter 5:

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**Note:** Nominations can be submitted by any of the following: Chapter, Committee, Council, Affiliate Society, the Awards Policy Committee, an Awards Selection Committee, or Five ASM Members. A single nomination can be submitted jointly if desired, however, only one nominating group from the list below is necessary.

### 13. This nomination is submitted on behalf of the:

**Note:** Nominations can be submitted on behalf of more than one volunteer group, but that is not required. A minimum of one group must submit the nomination.

	Chapter	Committee/Council	Affiliate Society	Award Selection or Awards Policy Committee	Five ASM Members in good standing
Nomination Submitted on behalf of:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

### 14. If Submitted by Five ASM Members, please provide each ASM Member's Name and Membership Number below:

	ASM Member Number:	ASM Member Name:
ASM Member 1	<input type="text"/>	<input type="text"/>
ASM Member 2	<input type="text"/>	<input type="text"/>
ASM Member 3	<input type="text"/>	<input type="text"/>
ASM Member 4	<input type="text"/>	<input type="text"/>
ASM Member 5	<input type="text"/>	<input type="text"/>

### 15. **Nominator** (person submitting the nomination): \* This is the **lead nominator** who ASM will communicate with as the point of reference and contact relative to this nomination.

*Nominator ASM Member ID:	<input type="text"/>
Prefix: (Dr./Prof./Ms./Mr./etc.):	<input type="text"/>
*Nominator First Name:	<input type="text"/>
Nominator Middle Name/Initial:	<input type="text"/>
*Nominator Last Name:	<input type="text"/>
Suffix: (Sr./Jr./PE/etc.):	<input type="text"/>
Title:	<input type="text"/>
Department/Division:	<input type="text"/>
Company Affiliation:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
*City:	<input type="text"/>
*State/Province:	<input type="text"/>
Zip Code	<input type="text"/>
*Country:	<input type="text"/>
*Phone Number:	<input type="text"/>
*Nominator E-Mail Address:	<input type="text"/>