

3rd AIM- AMA Sheth Foundation Doctoral Consortium
January 18-20, 2015

Nomination Form

Institute Name: _____

Nominee Name: _____
First Middle Last Name

No. of Years in the Program (YY MM): _____ Major Research Area – Marketing (Yes /No): _____

Date of Clearing Comprehensive Examination: _____

Marketing Area Chairperson: _____
First Middle Last Name

Phone (Chairperson): _____

E-mail (Chairperson) _____

Institute Address: _____
Street Address Landmark

City State ZIP Code

H YgJg'5 VgJfUWh(Maximum 50\$ words)