

Nomination Form – Genetic Predoctoral Training Program (GPTP)

Name of Mentor: _____

Name of Student: _____

Student Year G2 or G3: _____

“Please provide response to the following questions in no more than 2000 characters”

Why do you believe we should appoint the student to the GPTP?

How you foresee the student's training benefiting from the GPTP activities?

Describe your commitment to participating in the GPTP events and activities.

Is there any additional information you want considered regarding this student and the GPTP appointment?

“For the following statement, please answer the following statements and check the box to affirm you understand and confirm”

I attest that I will support a GPTP appointee (G2-3) or affiliate (G4 and above) in my lab to participate in GRAD705R, should they wish to do so.

I am certified by the Atlanta Society of Mentors (ASOM) **OR** “I will be ASOM certified by December 2023 and understand that failure to do so will result in students in my lab not being permitted to receive GPTP funding through the Spring 2028 semester.

I have a certificate of completion for *Diversity: Inclusion in the Modern Workplace* training.

**If you did not check a box above and you believe you have an acceptable reason, please provide an explanation in the space below.*