

ISCA

FELLOW GRADE

NOMINATION FORM
(Version 2.2 created 21/1/2022)

The candidate must have been an ISCA member for at least 5 years, and have been active in the field for over 10 years.

Once completed, attach reference forms and send it directly to: fellows\_nomination@isca-speech.org

**1. CANDIDATE INFORMATION**

 Last (Family) Name First Middle Prefix

Organization’s Name (If None, Please leave blank) Organization's Affiliation (Education/Industry/Government/Other)

Preferred Mailing Address

City State/Province Zip/Postal Code Country

Telephone # Fax# Email ISCA Member Number

Home Page (where full curriculum vitae can be found)

**2. PROFESSIONAL HISTORY.** Current position first. If necessary, cite only most recent positions.

 Year/Month (from - to) Name of university/company, Country Position

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**3. PROPOSED CITATION** (not more than 20 words)

**4. INDIVIDUAL CONTRIBUTIONS**

Identify the category in which the candidate has made significant contributions that would qualify him/her for Fellow grade. Check one (or more if it is necessary).

 Research Engineer/Scientist Technical Leader Educator Others ( )

 Supporting case in no more than 1000 words. Include up to 3 major contributions which have had high impact on the speech community and/or society generally.

**5. PROFESSIONAL ACTIVITIES: Awards, Professional society memberships, ISCA Offices held, Committee memberships (major professional, governmental, or international), Professional engineer’s licenses, etc. (not more than 250 words)**

**6. SENIOR SPEECH COMMUNITY MEMBER REFERENCES** 3 references should be provided to support the nomination. List alphabetically the complete names of 3 senior scientists/technologists in the Speech Communication community, for instance ISCA Fellows and ISCA Board Members, that support this nomination.

1.

2.

3.

NOTE: If the above nominee is elected to Fellow grade, the nominator agrees to release the contents of this form to authorized ISCA committees for the purpose of recommending candidates for ISCA Fellowships. This nomination form will be released only for this purpose.

**7. NOMINATOR INFORMATION**

Last (Family) Name First Middle Prefix

Name of Organization

Mailing Address

City State/Province Zip/Postal Code Country

Telephone # Fax# Email ISCA Member #

**8. CREDENTIALS** Provide a brief listing of nominator’s credentialsin not more than 250 words.Not necessary if nominator is an ISCA Fellow.