



Dissertation Excellence Award Application Form

Name: _____ E-mail: _____

Address: _____

Telephone (Daytime): _____ (Mobile): _____

Professional Credentials: _____

Are you a National Certified Counselor (NCC)? Yes No Application in Progress

Name of University/College: _____

Name of Department: _____

Is the University/College accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP)? Yes No

Dissertation Title: _____

Name of Dissertation Chair: _____

Date of Dissertation Committee Approval: _____

Has your dissertation been published or submitted for potential publication? Yes No

Applicant Signature: _____ Date: _____

Submit completed application to tpcjournal@nbcc.org by January 31, 2018.

University Department Confirmation

(If you are a current student, your department chair must complete this section)

I attest that the applicant is in good standing and the dissertation committee has approved the dissertation.

Department Chair Name: _____

Department Chair Signature: _____ Date: _____