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**ICIS 2023**

**Doctoral Consortium**

**Nominee Information Sheet (not to exceed one page)**

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| Nominee name |  |
| PhD program university /school affiliation |  |
| Dissertation title |  |
| Proposal Defense Date (expected or actual) |  |
| Expected completion date |  |
| Educational background |  |
| Professional background / prior work experience |  |
| Future career aspirations |  |
| Previous doctoral consortia attended or will attend (e.g., ECIS, PACIS, AMCIS, etc.)  |  |
| Gender (for room sharing) |  |

**Dissertation abstract (**please restrict to 300 words)

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