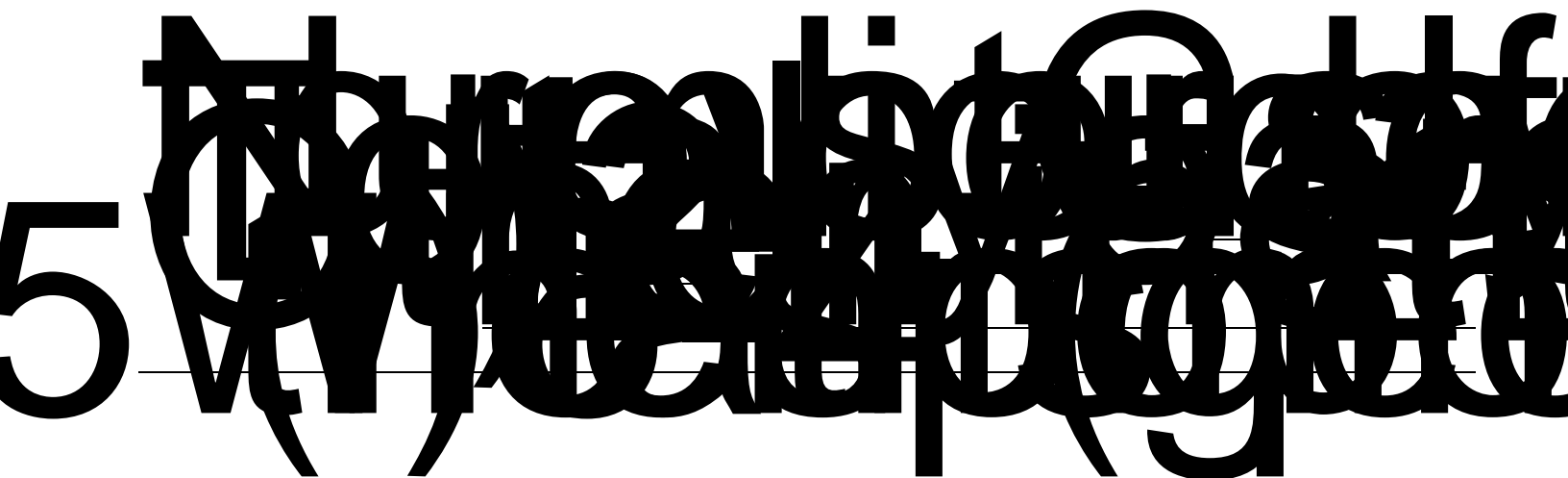


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3. NOMINATOR(s)

Name(s) \_\_\_\_\_ Title(s) \_\_\_\_\_

College/Department \_\_\_\_\_ Mail Stop \_\_\_\_\_

Local Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone: Campus \_\_\_\_\_ Other local or cell \_\_\_\_\_

Signature of Nominator \_\_\_\_\_ Date \_\_\_\_\_

Dean/Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

4. ATTACHMENTS ( as specified under Nomination Procedures):