

Nomination Due to Dean's Office May 15, 2017
EDMUND SHEARER ADVISOR OF THE YEAR AWARD

NOMINEE:

NOMINATOR(s):

Name of Nominee

Name(s)

Title

Title

College/Department

College/Department

Street Address

Street Address

City/State/Country/Postal Code

City/State/Country/Postal Code

Telephone

Telephone

E-mail

E-mail

NOMINEE'S BACKGROUND

Years as an academic advisor _____

Number of assigned advisees _____

Is academic advising the nominee's primary responsibility? Yes No

Signature of NOMINEE required:

Signature of NOMINATOR (S) required:
