

Caplenor Faculty Research Award Nomination Form

Please print or type

- Nominee:

Full name of nominee _____

Nominee's current position _____

Date of first employment at TTU _____

In consultation with your nominee, please provide the following:

- References

Names and address of only three individuals well acquainted with the nominee's qualifications. One must be off-campus.

1. _____

2. _____

3. _____

- Justification

Please state why you think the nominee should receive the award (use extra sheets if desired).

Nominator: _____

Name

Signature

Campus Box No.: _____

Phone: _____