
CAPLENOR FACULTY RESEARCH AWARD NOMINATION

FORM 2025-2026

- NOMINEE:

Full name of nominee: _____

Nominee's current position: _____

Date of first employment at TTU: _____

- JUSTIFICATION

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

Nominator: _____

Please Print Name

Signature

Campus

Box

No.:

Phone:
