CAPLENOR FACULTY RESEARCH AWARD NOMINATION FORM 2026-2027

- 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: _____

_____