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# CAPLENOR FACULTY RESEARCH AWARD NOMINATION FORM

## - 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).

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Nominator: \_\_\_\_\_  
Please Print Name Signature

Campus Box No.: \_\_\_\_\_ Phone: \_\_\_\_\_