

**President's Community-Engaged Scholar Award
Nomination Form**

Nominee Name: _____
Last First MI

Department: _____

Collegiate Unit: _____

Campus Address: _____

Phone #: _____ Email: _____

Current rank (if faculty) or title: _____ Highest Degree: _____

Area of specialization: _____

Field: _____

Nominee's Department Head/Director Contact Information:

Name and Title: _____

Phone #: _____ Email: _____

Nominee's Dean/Chancellor Contact Information:

Name and Title: _____

College: _____

Campus: _____

Dean/Chancellor Signature: _____

*reminder: only one nomination per college/campus

Nominator Name: _____
Last First MI

Department: _____

Collegiate Unit: _____

Campus Address: _____

Phone #: _____ Email: _____

Relationship to nominee: _____

How long have you known the nominee: _____