



Nomination Form

President's Award for Outstanding Graduate and Postgraduate Student Supervision, 2019

Nomination Coordinator:

As the nomination coordinator for the nominating group listed below, I wish to nominate

_____ of the School/Faculty, Department _____

for the President's Award for Outstanding Graduate and Postgraduate Student Supervision, 2019.

Signature of nomination coordinator

Date

E-mail

Telephone

Nominee:

I accept the nomination for the President's Award for Outstanding Graduate Student Supervision and understand that to be considered for the award, I am required to submit an application document*.

Signature of nominee

Date

E-mail

Telephone

Number of years of continuous service
at Memorial University

Nomination and Application Deadlines:

March 15, 2019

The completed **nomination form** and **five letters of support** must be submitted by the nomination coordinator.

May 17, 2019

The **application document** must be submitted by the nominee.

* Advice and support for the development of the application document may be obtained from staff of the School of Graduate Studies.

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Nomination Supporters for _____
(Nominee)

Note: At least **five** supporters must be current or former graduate or postgraduate students of the nominee.
At least **one** supporter must be an academic administrator of the nominee.

Name of Supporter (please print)	Signature	Email Address	Indicate whether current student, former student, academic administrator faculty, staff, or other
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

For the Nomination Coordinator: Those who have provided letters of support have been informed and agree that the letters of support may be read by the nominee and that quotes from the letters may be used in promotional material or in citations for the award recipient.

Signed: _____ Date: _____

Nomination Coordinator