

Local Mainline Area Signature of Nominor

2. NOMINEE BACKGROUND

Total years experience as an academic advisor at MSU? _____

Current number of assigned advisees/undergraduate students _____

Number of previously assigned MSU advisees/undergraduate students _____

Total years experience as an academic advisor _____

Other institutions (where, when)? _____

What is the nominee's primary academic responsibility? _____

3. NOMINATOR(s)

Name(s) _____ Title(s) _____

College/Department _____ Mail Stop _____

Local Mailing Address _____ E-mail _____

Telephone: Campus _____ Other local or cell _____

Signature of Nominator _____ Date _____

Dean/Supervisor signature _____ Date _____

4. ATTACHMENTS (as specified under Nomination Procedures):