

COLLEGE OF ARTS AND SCIENCES

MENTORING AWARDS

Submit nomination form and all supporting materials as a single .pdf to
casdeansoffice@unl.edu.

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Nomination Category (mark one): _____ Faculty _____ Staff

– Nominee Information

Nominee Name: _____

Campus Address: _____

Email Address: _____

Department/Program/Unit Affiliation _____

Faculty Rank/Staff Position _____

Nominator Information

Nominator Name: _____

Campus Address: _____

Email Address: _____

Faculty Rank/Staff Position _____

Department Chair/Supervisor Information

Name: _____

Department/Program/Unit: _____

Campus Address: _____

Email Address: _____

Dept. Chair/Supervisor Signature _____