COLLEGE OF AGRICULTURE AND LIFE SCIENCES
MISSISSIPPI AGRICULTURAL AND FORESTRY EXPERIMENT STATION
2017 DIVERSITY AWARD NOMINATION FORM FOR FACULTY

FACULTY NOMINEE:

Name: _____

Title: _____

Department/College: _____

Full Mailing Address: _____

Campus Mail Stop: _____

Phone: _____

Email: _____

Dates of Employment: _____

Degrees Earned: _____

Previous MSU Honors and Awards: _____

_____

NOMINATOR:

Name: _____

Title: _____

Department/College: _____

Full Mailing Address: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

NOMINEE'S SUPERVISOR/MANAGER/DEPARTMENT HEAD ENDORSEMENT:

Name: _____

Title: _____

Department/College: _____

Full Mailing Address: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

Completed nominations must be received by 5:00 p.m., Wednesday, December 6th, 2017

Please send one completed packet (this form and supporting documents) via campus mail to Dr. Scott T. Willard, Associate Dean – CALS, Mailstop 9760 **and** one PDF of the entire packet to swillard@cals.msstate.edu . If you have any questions or concerns about the nomination or selection process, please email/contact Dr. Scott Willard (325-0233).