

COLLEGE OF AGRICULTURE AND LIFE SCIENCES
MISSISSIPPI AGRICULTURAL AND FORESTRY EXPERIMENT STATION
OPPORTUNITY EXCELLENCE 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: _____

Please send completed packet (this form and supporting documents) to nominations@cals.msstate.edu . If you have any questions or concerns about the nomination or selection process, please email/contact Associate Dean - Dr. Darrell Sparks (325-5307).