

COLLEGE OF AGRICULTURE AND LIFE SCIENCES  
MISSISSIPPI AGRICULTURAL AND FORESTRY EXPERIMENT STATION  
OPPORTUNITY EXCELLENCE AWARD NOMINATION FORM FOR TEAM/DEPARTMENT/UNIT

**(COMPLETE THIS FORM FOR EACH MEMBER OF THE TEAM BEING NOMINATED AND SUBMIT AS ONE PACKET)**

TEAM/DEPARTMENT NOMINEE:

Name of Team for nomination purposes: \_\_\_\_\_

Team Member 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](mailto: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).