

**COMMISSION ON THE STATUS OF WOMEN “VISION” AWARDS
NOMINATION FORM**

Nominee Information

Name: _____ Official UA Title: _____

Department and Campus Address (include PO Box): _____

Campus Phone: _____ Email Address: _____

Nominee’s Supervisor Information

Name and Title: _____

Department and Campus Address: _____

Campus Phone: _____ Email Address: _____

Nominator Information

Primary Nominator (Will be contacted to inform of the outcome of the nomination)

Name and Title: _____

Department and Campus Address: _____

Campus Phone: _____ Email Address: _____

Length of time you have known the nominee and in what capacity: _____

*Please complete the following **Additional Nominator Form(s)**, as needed, to identify all individuals included in the nomination process.*

COMMISSION ON THE STATUS OF WOMEN “VISION” AWARDS
ADDITIONAL NOMINATOR FORM
(Submit information for each individual supporting the nominee)

Nominee Information

Name: _____ Official UA Title: _____
Department: _____

Additional Nominator Information

Name and Title: _____
Department and Campus Address: _____
Campus Phone: _____ Email Address: _____
Length of time you have known the nominee and in what capacity: _____

Additional Nominator Information

Additional Nominator

Name and Title: _____
Department and Campus Address: _____
Campus Phone: _____ Email Address: _____
Length of time you have known the nominee and in what capacity: _____

Additional Nominator Information

Name and Title: _____
Department and Campus Address: _____
Campus Phone: _____ Email Address: _____
Length of time you have known the nominee and in what capacity: _____

