



Vice Chancellor's Awards in Excellence Program  
Nomination Form  
2016

**NOMINEE INFORMATION**

NAME OF INDIVIDUAL NOMINEE OR TEAM:  
*(If team nomination – complete pages 3-4)*

*(Dr./Mr./Mrs./Ms.)*

*(First Name, Middle Initial, Last Name)*

CURRENT TITLE/POSITION:

DEPARTMENT, CENTER, UNIT, DISTRICT, OR AGENCY:

MAILING ADDRESS:

E-MAIL ADDRESS:

WORK PHONE NUMBER:

CELL PHONE NUMBER:

# OF YEARS EMPLOYED WITH TEXAS A&M AGRILIFE:

**AWARD CATEGORIES**

AWARD CATEGORIES *(Check only one)*

**Teaching Awards**

- Teaching
- Graduate Student Teaching

**Research Awards**

- Research
- Graduate Student Research

**Extension Education Awards**

- County Agent
- Extension Specialist/Program Specialist  
Serving State or Region

**Service Awards**

- Public Service in Forestry (TFS)
- Diagnostic Services (TVMDL)

**Staff Awards**

- Business and Operational Staff
- Office and Administrative Staff
- Technical and Programmatic Staff
- Agrilife Services Staff

**Diversity Award**

**International Involvement Award**

**Administration Award**

**Special Services Award**

**Collaboration Awards**

- Partnership
- Team

## NOMINATOR'S INFORMATION

NOMINATOR'S NAME:

NOMINATOR'S MAILING ADDRESS:

NOMINATOR'S PHONE #:

E-MAIL:

NOMINATOR'S DEPT, CENTER, UNIT, DISTRICT, OR AGENCY NAME:

[ENSURE YOUR NOMINATION PACKET IS IN THE CORRECT ORDER AND INCLUDES ALL REQUIRED DOCUMENTS](#)

**SUBMIT ONE (1) ELECTRONIC .PDF FILE TO [agawards@agnet.tamu.edu](mailto:agawards@agnet.tamu.edu) no later than Monday, October 10, 2016**

*(NOTE: Late nomination packets or changes in nomination packets after the deadline are not permitted)*

**(Complete this portion of the form only if a team nomination is being submitted)**

**TEAM INFORMATION - (Teaching, Research, Extension, Diversity, Int'l Involvement and Collaboration)**

NAME OF TEAM (E.G., Water Smart Team):

**TEAM MEMBER #1**

*(Dr./Mr./Mrs./Ms.) (First Name, Middle Initial, Last Name)*

Current Title/Position:

Department, Center, Unit, District or Agency:

Business Mailing Address:

E-Mail Address:

Years within Texas A&M AgriLife:

**TEAM MEMBER #2**

*(Dr./Mr./Mrs./Ms.) (First Name, Middle Initial, Last Name)*

Current Title/Position:

Department, Center, Unit, District or Agency:

Business Mailing Address:

E-Mail Address:

Years within Texas A&M AgriLife:

**TEAM MEMBER #3**

*(Dr./Mr./Mrs./Ms.) (First Name, Middle Initial, Last Name)*

Current Title/Position:

Department, Center, Unit, District or Agency:

Business Mailing Address:

E-Mail Address:

Years within Texas A&M AgriLife:

**TEAM MEMBER #4**

Current Title/Position:

Department, Center, Unit, District or Agency:

Business Mailing Address:

E-Mail Address:

Years within Texas A&M AgriLife:

**TEAM MEMBER #5**

Current Title/Position:

Department, Center, Unit, District or Agency:

Business Mailing Address:

E-Mail Address:

Years within Texas A&M AgriLife:

**TEAM MEMBER #6**

Current Title/Position:

Department, Center, Unit, District or Agency:

Business Mailing Address:

E-Mail Address:

Years within Texas A&M AgriLife: