



Vice Chancellor's Awards in Excellence Program
Nomination Form
2017

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@ag.tamu.edu no later than Friday, September 22, 2017

(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: