

DEAN'S AWARDS FOR OUTSTANDING ACHIEVEMENT COLLEGE OF AGRICULTURE AND LIFE SCIENCES Nomination Form 2015

NOMINEE INFORMATION		
NAME OF NOMINEE (or name of team) (Dr./Mr./Mi	rs./Ms.) (First Name, Middle Initial, Last Name)	
CURRENT TITLE/POSITION		
DEPARTMENT, CENTER, INSTITUTE		
BUSINESS MAILING ADDRESS		
E-MAIL ADDRESS		
WORK PHONE	CELL PHONE	
YEARS EMPLOYED WITH THE COLLEGE OF AGRICULTURE AND LIFE SCIENCES (Must have been employed for at least 2 years. Student awards are exempt from this requirement.) WHAT PERCENTAGE OF YOUR APPOINTMENT IS WITH THE COLLEGE OF AGRICULTURE AND LIFE SCIENCES?		
(Does not apply to students) AWARD CATEGORIES		
AWARD CATEGORIES (Check only one)		
Teaching Awards Early Career Teaching [Nominees must have less than 5 years teaching experience in a full-time position] Teaching Awards [Nominees must have more than 5 years teaching experience in a full-time position] Educational Enrichment and Innovation		
Research Awards Early Career Research [Nominees must have less than 5 years research experience in a full-time faculty position] Research [Nominees must have more than 5 years research experience in a full-time faculty position] Interdisciplinary Research Team		
Student Awards Undergraduate Research Graduate Research Graduate Teaching		
<u> </u>	Mentoring Service tional Impact	

NOMINATOR'S INFORMATION

NOMINATOR (Dr./Mr./	Mrs./Ms.)	(First Name, Middle Initial, Las	st Name)
NOMINATOR'S DEPARTN		,	
NOMINATOR'S MAILING	ADDRESS		
NOMINATOR'S PHONE #			E-MAIL
DATE OF SUBMISSION			

NOMINATION PACKET ELEMENTS

See award guidelines for specific criteria required on each award:

- 1. Nomination Form (use appropriate form)
- 2. Letter of Nomination (2 page limit; no smaller than 11 point font)
- 3. Curriculum Vitae or Resume (required for individual nominations)
 - Attach full curriculum vitae or resume inclusive of education, employment/experience, awards, honors, professional memberships, committee/teaching/research assignments, courses taught, graduate students advised and other information.
- 4. Team Accomplishments (required for team awards only)
 - Attach a document (no more than 2 pages, no smaller than 11 point font), defining the purpose and primary objective(s) of the team and provide a brief summary of the team's activities, accomplishments and impact of the team's contributions, recognition, awards, honors and publications.
- 5. Optional Letters of Support/Recommendation (no more than three signed letters; two-page maximum each)
 - o Letters of support are not required, but greatly enhance the strength of the nomination.

SUBMISSION INSTRUCTIONS

- Compile nomination in order as listed above (nomination form, letter of nomination, vitae/resume, letters of support)
- Save as one file (.PDF file format) as follows: Name Award Category.pdf (Example: John Doe Teaching.pdf)
- SUBMIT ONE (1) ELECTRONIC .PDF FILE TO <u>t-beamon@tamu.edu</u>

ENSURE YOUR NOMINATION PACKET IS IN THE CORRECT ORDER AND INCLUDES ALL REQUIRED DOCUMENTS

(NOTE: Late applications or changes in the nomination package after the deadline are not permitted)

TEAM AWARD - PROFESSIONAL INFORMATION

NAME OF TEAM		
TEAM MEMBER #1		
(Dr./Mr./Mrs./Ms.) (First Name, Middle Initial, Last Name)		
Current Title/Position		
Department/Center/Institute/Other		
Mailing Address and e-mail address		
Years employed with the College of Agriculture and Life Sciences		
TEAM MEMBER #2 (Dr./Mr./Mrs./Ms.) (First Name, Middle Initial, Last Name)		
Current Title/Position		
Department/Center/Institute/Other		
Mailing Address and e-mail address		
Years employed with the College of Agriculture and Life Sciences		
TEAM MEMBER #3		
(Dr./Mr./Mrs./Ms.) (First Name, Middle Initial, Last Name)		
Current Title/Position		
Department/Center/Institute/Other		
Mailing Address and e-mail address		
Years employed with the College of Agriculture and Life Sciences		

TEAM MEMBER #4 (Dr./Mr./Mrs./Ms.) (First Name, Middle Initial, Last Name)			
Current Title/Position			
Department/Center/Institute/Other			
Mailing Address and e-mail address			
Years employed with the College of Agriculture and Life Sciences			
TEAM MEMBER #5			
(Dr./Mr./Mrs./Ms.) (First Name, Middle Initial, Last Name)			
Current Title/Position			
Department/Center/Institute/Other			
Mailing Address and e-mail address			
Years employed with the College of Agriculture and Life Sciences			
TEAM MEMBER #6 (Dr./Mr./Mrs./Ms.) (First Name, Middle Initial, Last Name)			
Current Title/Position			
Department/Center/Institute/Other			
Mailing Address and e-mail address			
Years employed with the College of Agriculture and Life Sciences			