



Vice Chancellor's Awards in Excellence Program Nomination Form 2023

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

- ☐ Tenured/Tenure Track Teaching
- ☐ Academic Professional Track
(APT) Teaching
- ☐ Graduate Student Teaching
- ☐ Student Success and Relations

Research Awards

- ☐ Early Career Research
- ☐ Mid-Career Research
- ☐ Research
- ☐ Graduate Student Research
- ☐ Technical and Programmatic Staff

Extension Education Awards

- ☐ County Agent
- ☐ Extension Specialist/Program Specialist/
Extension Associate serving state or region

Service Awards

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

Staff Awards

- ☐ Business Operational Staff
- ☐ Administrative and Programmatic Staff
- ☐ AgriLife Professional Service Units Staff

- ☐ International Involvement Award
- ☐ Administration Award
- ☐ Special Services Award

Collaboration Awards

- ☐ Partnership
- ☐ Team

NOMINATOR'S INFORMATION

NOMINATOR'S NAME:

NOMINATOR'S MAILING ADDRESS:

E-MAIL ADDRESS:

NOMINATOR'S PHONE #:

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, October 27, 2023.

(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, 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: