NOMINATION FORM
Meritorious Service Award (Staff)

Date: __________________________

NOMINEE:
Name: ___________________________________________________________
School/Program: ___________________________________________________
Position: _________________________________________________________

NOMINATORS:
1. Name: _________________________________________________________________
   Faculty  Student  Staff  Alumnus (circle one)
   Signature: ____________________________________________________________

2. Name: _________________________________________________________________
   Faculty  Student  Staff  Alumnus (circle one)
   Signature: ____________________________________________________________

3. Name: _________________________________________________________________
   Faculty  Student  Staff  Alumnus (circle one)
   Signature: ____________________________________________________________

Why have you nominated this individual?
Please attach - 600 word maximum

Deadline for Nominations: April 30
Nominations, applications and all supporting documentation should be submitted to:

Krys Chelchowski, Office of the Dean, Faculty of Health Sciences
Room 200 - Arthur and Sonia Labatt Health Sciences Building

Western Health Sciences