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: _______________________________________________________

Supporting Documentation
Please attach: 1) Letter of Nomination (600-word maximum); 2) Letter of recommendation from the Supervisor; 3) Letters of support from at least three colleagues

Deadline for Nominations: April 30
Nomination forms and all supporting documentation should be submitted to:

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