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:

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