

## Of the Year Nomination!

Please select the category of the nomination (click on the box and type an X). Please submit a separate form for each nomination.

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	Full time faculty		Part time fa	aculty		Classified
Name	of Nominee:					
Nominee Department:						
Please provide ALL of the following information about the person being nominated.						
<ol> <li>Outstanding service and contributions to the college community.</li> <li>Outstanding support of student success.</li> <li>Any additional criteria deemed significant</li> </ol>						
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Submit completed form to Meridyth McLaren, <a href="mmclaren@craftonhills.edu">mmclaren@craftonhills.edu</a> or deliver a hard copy to my office (CDC 114) by 5:00 pm, Wednesday, April 10, 2019.

Name of nominating chair:

Chair Department:

Date: