

# Local Mainline Area Signature of Nominor

## 2. NOMINEE BACKGROUND

Total years experience as an academic advisor at MSU? \_\_\_\_\_

Current number of assigned advisees/undergraduate students \_\_\_\_\_

Number of previously assigned MSU advisees/undergraduate students \_\_\_\_\_

Total years experience as an academic advisor \_\_\_\_\_

Other institutions (where, how)? \_\_\_\_\_

What is the nominee's primary academic responsibility? \_\_\_\_\_

### 3. NOMINATOR(s)

Name(s) \_\_\_\_\_ Title(s) \_\_\_\_\_

College/Department \_\_\_\_\_ Mail Stop \_\_\_\_\_

Local Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone: Campus \_\_\_\_\_ Other local or cell \_\_\_\_\_

Signature of Nominator \_\_\_\_\_ Date \_\_\_\_\_

Dean/Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

### 4. ATTACHMENTS ( as specified under Nomination Procedures):