



Emeritus Faculty Award

CHADRON STATE COLLEGE NOMINATION FORM

I wish to nominate the following individual for consideration for Emeritus Faculty status at Chadron State College. I have provided a letter of support that addresses the criteria for the award and attached a copy of the individual's CV. This nomination will be shared with the person nominated.

Nominee Information

Name _____

Address _____

Telephone _____

Nominee Criteria

- Served Chadron State College for at least 15 years
- Held rank of full Professor
- Demonstrated exemplary performance in the areas of teaching, scholarship/creative activities, and service throughout his/her tenure at the College
- Demonstrated leadership and collaboration

Primary Nominator Information

Name _____

Title _____

Address _____

Telephone _____

I affirm that I am not a relative, spouse, or significant other of the nominee.

Signature of Nominator

Date