

# Award Nomination

Name of Award: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Name of Nominator: \_\_\_\_\_

Please describe how the nominee meets the criteria for the award:

\_\_\_\_\_  
Nominator Signature

\_\_\_\_\_  
Date

RETURN FORM TO: [allison.proudfoot@dal.ca](mailto:allison.proudfoot@dal.ca) – Deadline: April 15