202 Foil-Wyatt Outstanding New Faculty Advisor Award Mississippi State University

1. NOMINEE

	Name	_Title
	College/Department	_Mail Stop
	Local Mailing Address	_E-mail
	Telephone: Campus	Other local or cell
	Signature of Nominee	Date
<u>2</u> .	NOMINE E BACKGROUND	
	Total years experience as an academic advisor at MSU?	
	Current number of assigned advisebladergraduæt students	
	Number of previously assigned MSU advised and advantage an	
	Total years experienceasan academic advisor	
	Other institutions (where, liver)?	
	What isthe nominee's primary academiesponsibility?	
3.	NOMINATOR(s)	
	Name(s)	_Title(s)
	College/Department	_Mail Stop
	Local Mailing Address	_E-mail
	Telephone: Camp <u>us</u>	Other local or cell
	Signature of Nominator	Date

- 4. ATTACHMENTS (as specified underNomination Procedures):
 - 1. Nominee's summary of qualifications
 - 2. T]omip 7 (s)9.5l(l)6.9 9 /TTceduons
- 4. Appendices to support summary qualifications this form and supporting material

<u>DEADLINE</u> - Interested Faculty must submit an application PDF form to the Office of the Provost and Executive Vice Presiden (email OVWULFNOLQ@provost.msstate.edu) by the Ideadline of 7 K X U V G D \) H E U X D U \

The winner of the Foil-Wyatt Outstandig Faculty Advisor Award will submit a per copy of the application suitable for displayin the Mitchell Memorial Library.