

**MICHIGAN STATE UNIVERSITY
UNIVERSITY DISTINGUISHED PROFESSOR DESIGNATION**

DATA FORM

Please complete this form and include as cover sheet to candidate's supporting materials.

NOMINEE DATA

Nominee: _____

(IMPORTANT: PRINT NAME AS IT SHOULD APPEAR ON AWARD CERTIFICATE)

Address (Office) _____

(Home) _____

Phone (Office): _____

Email _____

PHONE (Cell): _____

Academic Rank _____

Title _____

Department(s)/College(s)¹ _____

Appointment Date _____

Please include a percentage estimate of the effort devoted to each:

Teaching _____ %

Research _____ %

Public Service/Outreach _____ % (should total 100%)

Is Nominee aware that they are nominated?

YES _____ NO _____

¹ Please list joint appointments, listing primary appointment first.

NOMINATOR

Nominator: _____

Is Nominator a named professor or university distinguished professor submitting the nomination directly to the provost?

Yes _____ No _____

Academic Rank/Title _____

Department/College _____

Office Address _____

Email Address _____

Phone: _____