

**OUTSTANDING NEW ADVISOR AWARD – Faculty Academic Advising**

**Faculty Academic Advising** — Individuals whose primary responsibility is teaching and who spend a portion of their time providing academic advising services to students.

In the event this application is chosen for an award, please notify the following individuals in addition to the winner and the nominator(s).

**Name of Nominee**

Title

College/Department

Institution

Street Address

City/State/Postal Code/Country

Telephone

Fax

E-mail

**NOMINATOR(s)**

Name(s)

Title

College/Department

Institution

Street Address

City/State/Postal Code/Country

Telephone

E-mail

**NOMINEE BACKGROUND**

Number of years in academic advising \_\_\_\_\_  
(must be 3 or fewer years in order to be eligible for this award)

Percent of time\* assigned to:

advising \_\_\_\_\_% teaching/research \_\_\_\_\_%

advising administration \_\_\_\_\_% other duties \_\_\_\_\_%

Signature of NOMINEE required

**Submit eight (8) copies** of Nomination Form and supporting materials, sent to arrive by **March 2, 2009**, to:

NACADA Annual Awards Program  
National Academic Advising Association  
Kansas State University  
2323 Anderson Avenue, Suite 225  
Manhattan, KS 66502-2912

**1. PRESIDENT/CHANCELLOR**

Name

Title

Institution

Address

City/State/Postal Code/Country

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**2. CHIEF ACADEMIC OFFICER**

Name

Title

Institution

Address

City/State/Postal Code/Country

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**3. PUBLIC RELATIONS OFFICER**

Name

Title

Institution

Address

City/State/Postal Code/Country

E-mail

❖ **Nomination form should be typed or printed.**

**STATEMENT OF SOLE ENTRY**

I understand this is the *sole individual* nominated from this institution for this award category. I agree that this individual is worthy of consideration.

Signature (Chief Administrative Officer responsible for nominee's academic advising responsibilities)

Date: \_\_\_\_\_

**Printed name of Chief Administrative Officer**