

Hancher-Finkbine Faculty Medallion Signature Form

Full name of faculty member nominated: _____

Academic rank: _____

Department: _____

I certify that, to the best of my knowledge, the information contained in this nomination form is a correct statement of the leadership, learning, and loyalty qualifications of the above named nominee.

Name of representative submitting the nomination: _____
(print name)

Email address of representative submitting the nomination: _____

Signature of representative submitting the nomination: _____

To be signed by the above nominated faculty: I approve the release of the information contained in this nomination to be used in the selection for and announcement of the Hancher-Finkbine Medallion. If selected to receive a Medallion, I agree to be present at the Hancher-Finkbine Dinner.

Signature of Nominee _____