202 Foil-Wyatt Outstanding <u>New Faculty</u> Advisor Award Mississippi State University

1. NOMINEE

Name	_Title
College/Department	Mail Stop
Local Mailing Address	_E-mail
Telephone: Camp <u>us</u>	Other local or cell
Signature of Nominee	Date

2. NOMINE E BACKGROUND

Total years experience as an academic advisor at MSU? Current number of assigned advisebsidergraduat students

Number of previously assigned MSU advised and ergraduate tudents

Total years experienceasan academic advisor

Other institutions (where, wen)?_____

What isthe nominee's primary academicsponsibility?

3. NOMINATOR(s)

Name(s)	_Title(s)
College/Department	Mail Stop
Local Mailing Address	_Email
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 Appendices to support summary qualifications this form and supporting material

<u>DEADLINE</u> - Interested Faculty must submit an applicatio PDF form to the Office of the Provost and Executive Vice Presideth(email <u>O V W U L F N O L Q@provost.msstate.edu) by the deadline of 7 K X U V G D \) H E U X D U \</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.