THE UNIVERSITY OF GEORGIA

2017-2018 OUTSTANDING UNDERGRADUATE ACADEMIC ADVISOR AWARDS

NOMINATION FORM COVER SHEET

Professional Advisor\_\_\_\_\_\_\_\_\_\_

New Advisor\_\_\_\_\_\_\_\_\_\_

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Name of nominee Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Unit Campus mailing address

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Phone number Email address

Years as an advisor \_\_\_\_\_\_\_\_\_\_

Average number of students advised per term \_\_\_\_\_\_\_\_\_\_

Academic advising is the primary responsibility \_\_\_Yes \_\_\_No

Percentage of time spent on academic advising? \_\_\_\_

Note: Your nominee will have the opportunity to elaborate on other duties on their resume or CV.

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School/College or Honors Program

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Signature of Dean or Director Date

For Internal Use Only

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Date received