2018-2019 OUTSTANDING UNDERGRADUATE ACADEMIC ADVISOR AWARDS

NOMINATION FORM COVER SHEET

☐ Professional Advisor (Award)  ☐ Advising Administrator (NACADA nominee)

☐ New Advisor (Award)  ☐ Excellence in Advising Special Populations (Award)
(Special Population: ______________________)

_________________________________  _______________________________________
Name of Nominee     Title of Nominee

_________________________________  _______________________________________
School/College/Unit     Campus Mailing Address

__________________________  ______________________________
Phone Number     UGA Email Address

Years as an advisor/administrator (as appropriate to category)? ___

For Professional Advisor, New Advisor, and Special Populations categories only:
Average number of students advised per term ___
Academic advising is the primary responsibility? ☐ Yes ☐ No
Percentage of time spent on academic advising? ___

For Advising Administrator category only:
How many advisors supervised (directly or indirectly)? ___

NOTE: Your nominee will have the opportunity to elaborate on other duties on their resume/CV

_________________________________  ______________________________
School/College/Unit     Signature of Dean or Director

For Internal Use Only

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Date Received