**Nomination Form**

**John Lewis Paton Distinguished University Professorship**

I wish to nominate:

of the School/Faculty, Department/Division:

having been on faculty at Memorial for \_\_\_\_\_\_\_ years of continuous service for the John Lewis Paton Distinguished University Professorship.

Signature of nominator Date

E-mail Telephone

Signature of Dean Date

E-mail Telephone

Signature of external co-nominator Date

E-mail Telephone

Signature of co-nominator Date

E-mail Telephone

Signature of co-nominator Date

E-mail Telephone

**Nomination supporters for the John Lewis Paton Distinguished University Professorship**

Research:

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| Name of Supporter  (please print) | Email address | Telephone |
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| Teaching: |  |  |
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For the coordinating nominator (the individual who is responsible for preparing the nomination package): All of the supporters named above have been informed and agree that quotes from their letters of support may be used in promotional material or in citations for the award recipient. Please note that their names will not be mentioned.

Signature of Coordinating Nominator Date