**UNIVERSITY RESEARCH PROFESSOR**

**NOMINATION FORM**

**Nominee/Applicant:**

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| Name: |  |
| Title: |  |
| Unit: |  |
| Email: |  |
| Date Promoted to Full Professor: |  |

**Nominator (if applicable):**

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| Name: |  |
| Title: |  |
| Unit: |  |
| Email: |  |

**Supporters: (4 for nominated candidate; 5 if self-application)**

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| Unit: |  |
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| Title: |  |
| Unit: |  |
| Email: |  |

Please send completed nomination package to [tinaw@mun.ca](mailto:tinaw@mun.ca) and include:

* Nomination form
* Letter from nominator or applicant with supporters signatures attached
* Citation
* A maximum of 5 selected works of the nominee or applicant. If submitting books please make arrangements to provide them to Tina Winsor, SIRI, IIC1001
* Names and contact information for **5 external referees** including a note on the candidates relationship, if any, with the referee.
* CV using Memorial University’s template