**UNIVERSITY RESEARCH PROFESSOR**

**NOMINATION FORM**

**Nominee/Applicant:**

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

**Nominator (if applicable):**

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

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

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

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

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

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

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

Please send completed nomination package to 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