

FACULTY AWARD RECOMMENDATION SUMMARY

Name of Award: _____

Name of Nominee: _____

Telephone: _____ E-mail address: _____

Nominee's School (check one):

- Graduate School of Biomedical Sciences
- Paul L. Foster School of Medicine
- Gayle Greve Hunt School of Nursing

Rank of Nominee (check one):

- Professor
- Associate Professor
- Assistant Professor

Number of years at present academic rank: _____

Number of years at TTUHSCEP: _____

Total Rubric Score: _____ (Rubrics attached)

Comments: