THE UNIVERSITY OF GEORGIA

2014-2015 OUTSTANDING UNDERGRADUATE ACADEMIC ADVISOR AWARDS

NOMINATION FORM COVER SHEET

Faculty _________ 
Staff _________ 
New (Faculty or Staff) _________ 

_________________________________  _____________________________
Name of nominee      Title

_________________________________  _____________________________
Department/Unit      Campus mailing address

_________________________________  _____________________________
Phone number  Email address

Years as an advisor _________ 
Average number of students advised per term _________ 
Academic advising is the primary responsibility      Yes  No 
Approximate % of time assigned to advising _________ 

__________________________________  _______________________
School/College or Honors Program

_________________________________  _____________________________
Signature of Dean or Director     Date

For Internal Use Only

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Date received