

202 Foil-Wyatt  
Outstanding New Faculty Advisor Award  
Mississippi State University

1. NOMINEE

Name \_\_\_\_\_ Title \_\_\_\_\_

College/Department \_\_\_\_\_ Mail Stop \_\_\_\_\_

Local Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone: Campus \_\_\_\_\_ Other local or cell \_\_\_\_\_

Signature of Nominee \_\_\_\_\_ Date \_\_\_\_\_

2. NOMINEE BACKGROUND

Total years experience as an academic advisor at MSU? \_\_\_\_\_

Current number of assigned advisees undergraduate students \_\_\_\_\_

Number of previously assigned MSU advisees undergraduate students \_\_\_\_\_

Total years experience as an academic advisor \_\_\_\_\_

Other institutions (where, how)? \_\_\_\_\_

\_\_\_\_\_

What is the nominee's primary academic responsibility? \_\_\_\_\_

\_\_\_\_\_

3. NOMINATOR(S)

Name(s) \_\_\_\_\_ Title(s) \_\_\_\_\_

College/Department \_\_\_\_\_ Mail Stop \_\_\_\_\_

Local Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone: Campus \_\_\_\_\_ Other local or cell \_\_\_\_\_

Signature of Nominator \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

4. ATTACHMENTS ( as specified under Nomination Procedures):

- 1. Nominee's summary of qualifications
- 2. Tjomp 7 (s)9.5(l)6.9 9 /TTceduons
- 4. Appendices to support summary qualifications this form and supporting material

**DEADLINE** - Interested Faculty must submit an application PDF form to the Office of the Provost and Executive Vice President (email O V W U L F N O L Q@provost.msstate.edu) by the deadline of 7 K X U V G D \ ) H E U X D U \

The winner of the Foil-Wyatt Outstanding Faculty Advisor Award will submit a paper copy of the application suitable for display in the Mitchell Memorial Library.