University Distinguished Professor Award Nomination Form
to be included with Summary Presentation

(Please print or type this information)

Person making recommendation: _____

Name of Nominee: _____

Title/Position: _____

Department/School: _____

Mailing address (work): _____
_____
_____

Phone: _____ Fax: _____

E-mail address: _____

Year employed with Texas State University _____

Educational Background: _____
_____
_____
_____

Areas of Interest:
_____
_____
_____
_____
_____
_____