

Faculty and Practitioner Advisor Certificate of Commendation NOMINATION FORM

A. General Information

Faculty Advisor Nomination Practitioner Advisor Nomination

Faculty Advisor or Practitioner Advisor's Name _____

School _____

Nomination made by (student(s)):

Name	Email address	Phone Number

B. Advisor Information

How many hours a month does your Advisor work with your Student Chapter (approximately)?

Attending Chapter Meetings	
Attending Chapter Activities	
Other	

Did your Advisor...

Attend the CSCE Annual Conference? YES NO

Hold any Section, Branch, or Region position?
If so, please list these positions below: YES NO

Belong to any Society-level Committees?
If so, please list the committees: YES NO

C. Advisor Exceptional Contribution

Describe why you think your advisor deserves this commendation and why you are nominating him/her. Describe how your advisor contributes to the professional development of your CSCE Student Chapter and to individual students. This nomination will be reviewed with the annual report, so you may wish to reference specific projects that are described in the report. Please limit the nomination (including this form) to two pages.