

D. W. Brooks Faculty Award for Excellence Nomination Form

**The University of Georgia
College of Agricultural and Environmental Sciences**

Award Category: Teaching Research Extension
 Public Service Extension Programs Global Programs

Personal Information:

Name _____

Date Prepared _____ Department or Unit _____

Present Rank _____ Date of Appointment to UGA _____

Tenure: Yes No

Member of Graduate Faculty: Yes No

Budgeted Time: (%) Teaching _____ Research _____ Extension _____

Education: (degrees, dates, institution)

Positions Held: (include UGA, dates; begin with oldest)

Description of Major Responsibilities:

Nominators: (typed and signed)

_____	_____
_____	_____
_____	_____
_____	_____