D. W. Brooks Faculty Awards for Excellence

Distinguished Professor Nomination Form

College of Agricultural and Environmental Sciences

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)

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