

## VIVEK GOEL FACULTY CITIZENSHIP AWARD Nomination Form

## **APPLICATION INSTRUCTIONS AND CHECK-LIST**

Please complete th	is form and attach the	following:			
Complete Curri	culum vitae				
☐ Nomination letter that addresses the selection criteria as listed in the Application Procedures on the					
website. The le	tter should clearly high	nlight the candi	date's many varied contributions as a thoroughly		
engaged citizen of the University to the betterment of the institution.					
Ten (10) signatures supporting the nomination, one of which must be the signature of the Chair,					
Academic Dire	ctor, Dean or Principal,	as appropriate	e. Signatures, which may be internal or external,		
must be relevant to the nomination and reflect the affiliation and experiences of the candidate. Provide					
this on a separate sheet.					
NOMINEE INFORMATION					
Title:	_First Name		Last Name		
Faculty/Departmen	nt				
Address 1		_Address 2			
City	Province_		Postal Code		
Phone		Emai	l:		
NOMINATOR INF	ORMATION				
Title:	_First Name		Last Name		
Faculty/Departmen	nt				
Address 1		_Address 2			
City		_ Province	Postal Code		
Phono		Email			

## All nominations must be endorsed by the Nominee's faculty Dean or Chair. Title:\_\_\_\_\_\_\_\_Last Name\_\_\_\_\_\_Last Name Faculty/Department\_\_\_\_ Address 1\_\_\_\_\_Address 2\_\_\_\_ City\_\_\_\_\_ Province\_\_\_\_\_ Postal Code\_\_\_\_\_ Phone\_\_\_\_\_ Email\_\_\_\_ NAMES AND CONTACT INFORMATION FOR INDIVIDUALS PROVIDING SIGNATURES: 1. Title: First Name Last Name Job title and company name, or position and faculty/department if employed at U of T Phone\_\_\_\_Email: \_\_\_\_ 2. Title: \_\_\_\_\_ Last Name \_\_\_\_\_ Job title and company name, or position and faculty/department if employed at U of T Phone Email: 3. Title: Last Name Last Name Job title and company name, or position and faculty/department if employed at U of T Phone Email: 4. Title: Last Name Last Name Job title and company name, or position and faculty/department if employed at U of T Phone Email: 5. Title: First Name Last Name Job title and company name, or position and faculty/department if employed at U of T

Phone Email:

6. Title:	First Name	Last Name	
Job title and cor	mpany name, or position and fa	culty/department if employed at U of T	
Phone		Email:	
7. Title:	First Name	Last Name	
		culty/department if employed at U of T	
		Email:	
8. Title:	First Name	Last Name	
Job title and cor	mpany name, or position and fa	culty/department if employed at U of T	
Phone		Email:	
9. Title:	First Name	Last Name	
	mpany name, or position and fa	culty/department if employed at U of T	
		Email:	
10. Title:	First Name	Last Name	
Job title and cor	mpany name, or position and fa	culty/department if employed at U of T	
Phone		Email:	

## **Citation Details**

In the box below, include a brief citation that highlights the nominee's most significant contributions, accomplishments, and impact as they relate to the award criteria. (min. 200 words max. 300 words)

Citations may potentially be used by the University or nominating division as a resource for announcements about successful nominees.

Please note: To ensure consistency among recipient citations, the text you submit will be reviewed and revised by an editor.

Has the no	ominee been informed of this submission?
YES	NO
	Please submit an electronic (PDF) copy of the complete nomination package to <b>provost@utoronto.ca</b> by January 30, 2024 to the attention of:
	Vivek Goel Faculty Citizenship Award Selection Committee Office of the Vice-President & Provost, University of Toronto

Citation