

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	website. The letter should clearly highlight the candidate'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 Director, Dean or Principal, as appropriate. 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 INFORMATION						
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	minee been informed of this submission? NO
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	Please submit an electronic (PDF) copy of the complete nomination package to provost@utoronto.ca by January 31, 2025 to the attention of:
	Vivek Goel Faculty Citizenship Award Selection Committee Office of the Vice-President & Provost, University of Toronto

Citation