

JF INGRAM STATE TECHNICAL COLLEGE

(INDIVIDUAL NOMINATION FORM)

TERM: FALL - SPRING - SUMMER (CIRCLE ONE) YEAR: _____

Provide the information requested below.

Name of Nominee:

Phone:

Nominee Email:

Department:

Position Held:

Category:

- Academic Instructor
- Administrator
- Technical Instructor

- Special Ed Services
- Support Staff

Name of Nominator:

Nominator Email:

Phone:

List below how the individual demonstrates exemplary performance for the specified term (i.e., outstanding work performance, positive contributions to the College and/or community, leadership/teamwork, etc.) Please use this sheet or others for your response.

