

**University of Colorado Denver  
Excellence in Faculty Mentoring Award  
Nomination Form**

**Nominee:**

Name/Title: \_\_\_\_\_

School/College/Library: \_\_\_\_\_

**Nominator(s):**

Name/Title: \_\_\_\_\_

School/College/Library: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

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**School or College Dean/Library Director Signature:**

Name/Title: \_\_\_\_\_

School/College/Library: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Please provide a brief statement (<300 words) explaining why the nominee should be considered for the Excellence in Faculty Mentoring Award.