

1. **■**

Name \_\_\_\_\_ Title \_\_\_\_\_

College/Department \_\_\_\_\_ Mail Stop \_\_\_\_\_

Local Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone: Campus \_\_\_\_\_ Other local or cell \_\_\_\_\_

Signature of Nominee \_\_\_\_\_ Date \_\_\_\_\_

2. **■**

Total years experience as an academic advisor at MSU \_\_\_\_\_

Current number of assigned advisees undergraduate students \_\_\_\_\_

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