



# Honorary Degree Nomination Form

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Return this completed form to the University Secretary via mail to University Secretary, Brock University, ST 1107, St. Catharines, ON, L2S 3A1 or via email to [HonDegrees@brocku.ca](mailto:HonDegrees@brocku.ca).

## NOMINEE'S INFORMATION

Nominee's Name:	
Nominee's Contact Information (Address, Phone/Fax, Email, etc.):	
Nominee's Current Title/Occupation:	
Category for Recognition:	

## NOMINATOR'S INFORMATION

Nominator's Name:			
Nominator's Contact Information (Address, Phone/Fax, Email, etc.):			
Nominator's Signature:		Date:	
Supporter 1 Name:			
Supporter 2 Name:			

**NOMINEE'S BIOGRAPHICAL INFORMATION**

Please provide a brief summary of the nominee's career or attach a curriculum vitae, if available. Please be mindful that the nominee should not know of your nomination. Additional supporting material may be attached.

**RATIONALE FOR NOMINATION**

This section to be completed by the Nominator.

<b>Nominee's Name:</b>			
<b>Nominator's Signature:</b>			<b>Date:</b>

**SUPPORTING STATEMENT FOR HONORARY DEGREE NOMINATION**

This section to be completed by a Supporter.

<b>Nominee's Name:</b>			
<b>Statement in Support of Nomination:</b>			
<b>Supporter Name:</b>			
<b>Supporter Contact Information (Address, Phone/Fax, Email, etc.):</b>			
<b>Supporter Signature:</b>		<b>Date:</b>	

**SUPPORTING STATEMENT FOR HONORARY DEGREE NOMINATION**

This section to be completed by a Supporter.

<b>Nominee's Name:</b>			
<b>Statement in Support of Nomination:</b>			
<b>Supporter Name:</b>			
<b>Supporter Contact Information (Address, Phone/Fax, Email, etc.):</b>			
<b>Supporter Signature:</b>		<b>Date:</b>	