

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.

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.

Nominee's Name:			
Nominator's Signature:		Date:	

SUPPORTING STATEMENT FOR HONORARY DEGREE NOMINATION

This section to be completed by a Supporter.

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

SUPPORTING STATEMENT FOR HONORARY DEGREE NOMINATION

This section to be completed by a Supporter.

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