

Candidate's Last Name \_\_\_\_\_

### CHECKLIST COVER SHEET

This form is to be the first page of all nominations. All items must be attached and all certifications completed. Please photocopy this form as needed for submission of your nominations.

CANDIDATE'S FULL NAME: \_\_\_\_\_

CANDIDATE'S CAMPUS: \_\_\_\_\_

FULL POSITION TITLE: \_\_\_\_\_

DATE OF HIRE FOR THIS POSITION: \_\_\_\_\_

CANDIDATE'S DEPARTMENT: \_\_\_\_\_

#### CHECK THE PROGRAM TO WHICH THE NOMINATION IS BEING SUBMITTED

- Excellence in Faculty Service
  - Candidate is carrying a campus-defined full-time teaching load  
Candidate has completed three academic years of full-time appointment out of the last five years
- Excellence in Librarianship
  - The candidate holds full-time appointment as a faculty librarian
- Excellence in Professional Service
  - Candidates is serving in a full-time professional service capacity with more than 50 percent of their assignment in non-teaching services
- Excellence in Scholarship and Creative Activities
  - Candidate has completed three academic years of full-time appointment out of the last five years
- Excellence in Teaching
  - Candidate has completed three academic years of full-time appointment out of the last five years

ENDORSEMENT OF CAMPUS PRESIDENT (REQUIRED)

I certify campus endorsement of this nomination and compliance with program requirements.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
President's Telephone Number

**PLEASE COMPLETE ALL CERTIFICATIONS FOR REVIEW AT THE UNIVERSITY-WIDE LEVEL**

**MATERIALS SUBMITTED IN CONJUNCTION WITH THE NOMINATION**

The documentation identified below is required as part of the nominee's dossier. Please verify its inclusion in the nomination packet by checking the appropriate boxes.

- |   |  |
|---|--|
| <input type="checkbox"/> President's Transmittal Letter       | <input type="checkbox"/> Summary Presentation    |
| <input type="checkbox"/> Description of Nomination Procedures | <input type="checkbox"/> Current Curriculum Vita |

**CAMPUS CONTACT**

Please type the name and telephone number of the individual to be contacted in case questions regarding the nomination arise. **The campus is to identify a single individual as the designated contact for all nominations submitted.**

Name & Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**CERTIFICATIONS**

**Please certify campus compliance with the *Policies and Procedures* by checking each of the certifications below. (Please do not include separate statements regarding the certifications.)**

- Local Selection Committee** - This is to certify that the local selection committee was structured as directed and complied with the current *Policies and Procedures*.
- Eligibility Requirements** - This is to certify that the nominee satisfies all eligibility criteria for the program as prescribed in the current *Policies and Procedures*. Note that an individual is only allowed to receive a Chancellor's Award for Excellence once in five (5) years and may not receive a second Chancellor's Award in the same category.
- Compliance with Policies** - This is to certify that this nomination complies with the current *Policies and Procedures*.

This form is also available online at:  
<http://system.suny.edu/academic-affairs/faculty-staff-awards/>

**EXPLAIN BELOW ANY DEPARTURES FROM POLICY AS STATED IN THE CURRENT GUIDELINES.**