



Faculty Emeritus Program Nomination Form

Name of Nominee _____

Name of Nominator _____

Nominator's Role at Collin College _____

Years of Service by nominee as full-time faculty, if known _____

Discipline or subject area taught by nominee at Collin College _____

Campus affiliation(s) of nominee _____

Statement of Recommendation (include details of demonstrable accomplishments of excellence in teaching, service, professional development, and leadership, as applicable):

Signature of Nominator: _____ Date: _____

Signature of VP/P: _____ Date: _____