

**MICHIGAN STATE UNIVERSITY  
UNIVERSITY DISTINGUISHED PROFESSOR DESIGNATION**

**DATA FORM**

**Please complete this form and include as cover sheet to candidate's supporting materials.**

**NOMINEE DATA**

Nominee: \_\_\_\_\_

**(IMPORTANT: PRINT NAME AS IT SHOULD APPEAR ON AWARD CERTIFICATE)**

Address (Office) \_\_\_\_\_

(Home) \_\_\_\_\_

\_\_\_\_\_

Phone (Office) \_\_\_\_\_

Email \_\_\_\_\_

PHONE (Home) \_\_\_\_\_

Academic Rank \_\_\_\_\_

Title \_\_\_\_\_

Department(s)/College(s)<sup>1</sup> \_\_\_\_\_

Appointment Date \_\_\_\_\_

**Please include a percentage estimate of the effort devoted to each:**

Teaching \_\_\_\_\_ %

Research \_\_\_\_\_ %

Public Service/Outreach \_\_\_\_\_ % (should total 100%)

**Is Nominee Aware that s/he is nominated?**

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> Please list joint appointments, listing primary appointment first.

**NOMINATOR**

**Nominator:** \_\_\_\_\_

**Is Nominator a named professor or university distinguished professor submitting the nomination directly to the provost?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Academic Rank/Title** \_\_\_\_\_

**Department/College** \_\_\_\_\_

**Office Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone No.** \_\_\_\_\_