

**Michael J. Brody Award for Faculty Excellence in Service
to the University and the State of Iowa**

2009 Nomination Form

Nominee's Full Name _____ Faculty Rank _____

College _____ Department _____

University Address _____ Phone _____

This is a: ___First-time nomination ___Renomination [Year(s) of previous nomination(s)] _____

Brief description of the nominee's qualifications for the Michael J. Brody Award for Faculty Excellence in Service to the University and the State of Iowa:

This nomination may be made by a faculty member, student, or off-campus constituent. **At least three faculty members must provide endorsements.** Additional endorsements may be provided by external constituents, if appropriate. **Please include name, University of Iowa status, address, and telephone number for the nominator and each endorser.**

Nominator: _____

Endorser: _____

Endorser: _____

Endorser: _____

I approve the release of all the information needed by the nominator for use in the selection and announcement of this award.

(Signature of the Nominee)

**All nominations are due in the Faculty Senate Office
by Friday, March 6, 2009, 5:00 p.m.
604 Jefferson Building, Phone: 335-0617, laura-zaper@uiowa.edu**