

**NOMINATION FORM FOR USM AOP
EDUCATIONAL ADMINISTRATOR OF THE YEAR**

Name: _____ Current Position: _____

Number of years in current position: _____ Campus address: _____

Supervisor's name and title: _____

List previous positions held: (not necessarily limited to USM)

Title of Position	Place of Employment	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Years membership in: USM AOP: _____ MAEOP: _____ NAEOP: _____

Professional responsibilities in USM AOP (i.e., office(s) held, committee work, committee(s) chaired, and dates of service): _____

Membership and activities in other organizations, include professional, community, and civic with dates of service: _____

In-service training and/or university course work completed in the past two years:

Title	Date
_____	_____
_____	_____
_____	_____

PSP recipient: Yes ___ No ___ If yes, level: _____

Signature of person making nomination Date

*****If you nominate someone for this award, you are expected to attend the
Membership Recognition Luncheon.*****