

1. **N**

Name \_\_\_\_\_ Title \_\_\_\_\_

College/Department \_\_\_\_\_ Mail Stop \_\_\_\_\_

Local Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone: Campus \_\_\_\_\_ Other local or cell \_\_\_\_\_

Signature of Nominee \_\_\_\_\_ Date \_\_\_\_\_

2. **N** **N**

Total years experience as an academic advisor at MSU? \_\_\_\_\_

Current number of assigned advisees undergraduate students \_\_\_\_\_

Number of previously assigned MSU advisees undergraduate students \_\_\_\_\_

Total years experience as an academic advisor \_\_\_\_\_

Other in(\_\_\_\_)TJ E4765ituMC /0 ( )TjG.096 0 Td [(a)-5.8(s )556w(867wcJM296 54 483.36BT /Body#20Tex. E4o16 d (E B) -0.0