"CAAR Advocate"
Nomination Form

Name of Nominator: ___________________________ Phone:___________

Name of Nominee: ___________________________

The Nominee is: (Please check one of the following)

___ Faculty     ___ Instructor     ___ Staff     ___ Advisor     ___ GA or TA     ___ Other________

Department: ________________________________

Course: ________________________________

Semester: ________________________________

Please write a brief explanation of why you want to nominate this person as a
"CAAR Advocate"

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Nominator Signature: ___________________________ Date:___________

For Office Use Only:

Date Rec'd. __________          Letter Sent (cc: Chair) __________
Recc'd. By __________          Certificate & Invite __________
Approval __________          Northern Star/Today __________