

**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.\*\*\***