

Nominee Information

Name: Department:

Position: Supervisor:

CAFE Years of service: 0-3 4-6 7-9 10+ Email:

Phone: Is nominee Faculty or Staff? Faculty Staff

Nomination type: Self Supervisor Peer

If Self-nomination, have you previously served as a mentor?

Yes ☐ No ☐

Self-Nomination, please tell us about yourself and why you would like to be a Mentor:

Supervisor Nomination, please tell us why you feel this person would be a good Mentor:

Peer Nomination, please explain why you are nominating this person: