**AWARD OF MERIT**

The Award of Merit is intended to honor a staff member of Sargent College (administrative staff, non-faculty clinical staff, or non-faculty research staff) who has demonstrated excellence in his/her position and has made a positive impact on programs, faculty, students, and/or alumni.

The Award of Merit acknowledges staff members for their valuable contributions to Sargent College as evidenced by:

* Ability to foster a positive work environment
* Creative problem-solving
* Consistent production of high quality work
* Initiative in creation or improvement on college, departmental, research, or clinical processes or protocols
* Mentorship and training of others

**Nomination Procedures:**

I. Complete the **nomination form provided that includes a one page narrative** supporting the nominee. We encourage nominators to review and address the award criteria in their nomination.

This nomination form must be signed by the nominees’ Department Chairman/Associate Dean or other supervisor if the supervisor is not the nominee.

II. Provide up to **two additional letters of recommendation**. Letters should be from non-student members of the Sargent community (faculty, staff, alumni, etc.)

III. Submit all nomination materials via email to sardean@bu.edu by April 1.

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**AWARD OF MERIT**

**NOMINATION FORM**

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation with SAR: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe below the ways in which the nominee meets the criteria for consideration for the Award of Merit. Attach up to two letters of recommendation to this form.

Your name as nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor name (for Sargent employees): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_