

NOMINATION FORM
Wisconsin Idea Seminar
May 17 - 21, 2010

Department _____

School/College _____

This Department/Division recommends the following faculty/academic staff member be invited to participate in the Wisconsin Idea Seminar, May 17 – 21, 2010.

Name _____

Title _____

Check one: Faculty Academic Staff

Campus Address _____

Campus Telephone _____

Email Address _____

Area of expertise in research, teaching, or administration _____

Year of first faculty/academic staff appointment at UW-Madison _____

Signature of Department/Division Chair _____ Date _____

Signature of Nominee _____ Date _____

After departmental signatures are obtained, send to School/College Dean for approval.

For Dean's Office:

This School/College is prepared to cover \$560 of the trip cost if this individual is selected.

School/College _____

Signature of Dean _____ Date _____

By March 5, 2010, return this form to:

***Miriam Simmons, Wisconsin Idea Seminar,
The Graduate School, 333 Bascom Hall***