

**CALS Graduate Teacher/Adviser of the Year Award  
Nominee Signature Form 2017-2018**

Nominee: \_\_\_\_\_  
(Print your name here)

I permit access to all materials in my portfolio for review by college-level committee members in relation to this award process.

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

Print Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_