

Lakehead University Innovation Awards Nomination Form

We encourage all members of the Lakehead University community to nominate a Faculty, Staff, or student(s) for these awards. Self-nominations are welcome.

Once you have completed the entire form, print and have all nominees and nominators sign and date. Please **email** (kafettes@lakeheadu.ca) **or fax** (1-807-766-7178) the completed form. Scanned signatures are acceptable.

NOTE: If there is more than one nominee, please complete the nominee information below for each individual being nominated and indicate which of the nominees will act as the primary contact.

Once nominations have been received, **the EDI office will contact the nominee** and provide a detailed questionnaire for completion, with the evaluation criteria.

We, the undersigned nominators, hereby nominate the Nominee for the:

- Lakehead University Innovation Award
- Lakehead University Student Innovation Award

Nominee Information:

Salutation (Mr. Mrs. Ms. Dr.)	
Surname	
First Name	
Nominee Mailing Address (street, city, province, postal)	
Email Address	
Telephone Number	
Has the nominee ever been nominated in the past for a Lakehead University Innovation Award or Lakehead University Student Innovation Award?	Yes Year: _____ No
How did you learn of the Lakehead University Innovation Awards?	
What is the status of the nominee? (check all that apply)	Current employee Former student Graduation year: _____ Current student graduate student undergraduate student

Nominee's Signature

I, the above named nominee, hereby certify that I have read, understood and accepted the Innovation Awards Description and Eligibility Criteria.

Signature: _____

Date: _____

Nominator Information:

Any member of the University community (including faculty, staff, students, Lakehead volunteers, and research, industry or community partners) may nominate an individual for the awards.

Salutation (Mr. Mrs. Ms. Dr.)	
Surname	
First Name	
Company Name (if applicable)	
Mailing Address (street, city, province, postal)	
Email Address	
Telephone Number	
Are you a Lakehead University Alumni? If so, what graduating year?	Yes Year: _____ No

Nominator's Signature

I, the above-mentioned nominator, hereby certify that I have read and understood the Innovation Awards Description and Eligibility Criteria.

Signature: _____

Date: _____