Lakehead UNIVERSITY | Economic Development and Innovation

Lakehead University Innovation Awards
Nomination Form

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 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.

Once nominations have been received, **the Economic Development and Innovation office (EDI) will contact the nominee** and provide a detailed application form for completion, with the evaluation criteria.

Nominations submissions due
Friday, February 14, 2020

We, the undersigned nominators, hereby nominate the Nominee for the:
- ○ Lakehead University Innovation Award
- ◉ Lakehead University Student Innovation Award.

Nominee:

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:

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: _____