## NOMINATION FORM FOR USM AOP EDUCATIONAL ADMINISTRATOR OF THE YEAR

Name:	Ourrent Position:				
Number of years in current position:	Campus address:_				
<u> </u>	ily limited to USM) mployment		From	To	
Years membership in: USM AOP:	MAEOP:	NAEC	)P:		
Professional responsibilities in USM AOP ( and dates of service):			xxmmittee(	s) chaired,	
In-service training and/or university cours	e work completed in the	epast two ye	ars:		
Title			Dai	te	
PSP recipient: Yes No If yes, le	evel:				
Sgnature of person making nomination		Date			