University System of Maryland

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BOARD OF REGENTS FACULTY AWARDS
CERTIFICATION OF ELIGIBILITY FOR AWARD

Please complete one form for each nominee.

NOMINEE'S NAME: INSTITUTION:

PERIOD COVERING (From/To):

1. I certify that the above-named faculty member is currently employed by a USM institution as a tenured, tenure-track, or non-tenure track faculty member.

2. I certify that the above-named faculty member has been a University System of Maryland faculty member for *at least five years*.

3. I certify that, while making the outstanding contributions on which the nomination is based, the faculty member was employed by the nominating institution.

4. I certify that only supporting materials related to the last three years have been submitted.

5. I hereby certify that the nominee has satisfied the departmental faculty-workload requirement.* The requirement (indicated by percentages) follows:

   Teaching:

   Research:

   Public Service:

   Other:

   *For non-tenured/non-tenure track faculty and adjunct faculty nominees, please adjust these workload requirement categories as appropriate. Describe adjustments being made.

6. Brief description/explanation of the manner in which the activities for which the faculty member is nominated exceed the workload requirement.

_____ _____

Signature of President or President's Designee Date