

1. **N**

Name _____ Title _____

College/Department _____ Mail Stop _____

Local Mailing Address _____ E-mail _____

Telephone: Campus _____ Other local or cell _____

Signature of Nominee _____ Date _____

2. **N** **N**

Total years experience as an academic advisor at MSU? _____

Current number of assigned advisees undergraduate students _____

Number of previously assigned MSU advisees undergraduate students _____

Total years experience as an academic advisor _____

Other in(____)TJ E4765ituMC /0 ()TjG.096 0 Td [(a)-5.8(s)556w(867wcJM296 54 483.36BT /Body#20Tex. E4o16 d (E B) -0.0