

**Hoppe/Lindsay Research Professor Award
Nomination Cover Sheet**

(Please type or print clearly.)

Nominee Name _____

Department/Program _____

School or College _____

Research/Creative Area(s) _____

Academic dean nominating scholar: _____

I agree to provide 50% released time for research for this scholar each semester of the two-year appointment of this Hoppe/Lindsay Research Professor Award. I also agree to provide adequate space for the one-quarter time graduate assistant who will work with this scholar during the tenure of this Award.

Signature of nominating dean: _____

Date: _____

Signature of department/area chair: _____

Date: _____

Be sure to include all required or pertinent materials with the nomination.