



Nicholls State University

*Presidential Award for Academic Administrator Excellence
Recommendation/Nomination Form*

Name: _____

College: _____ Department: _____

Academic Rank: _____ Date of Employment: _____

Current responsibilities, assignment, or position (as applicable):

Please check in the space provided to the left (below) the attributes and criteria that have been addressed in the recommendation/nomination. This form is to serve as cover for letters of recommendations/nominations.

Necessary Criteria:

____ Outstanding Administrative Evaluations for the past five years

____ Received a rating of excellent (or departmental equivalent) in the area administration

Leadership Excellence Demonstrated Through:

Assessment

____ Effectively determine processes are in place in fulfillment of Mission.

____ Provide the leadership to maintain periodic assessment of these processes.

____ Make changes where appropriate.

Departmental Activities

____ Budget

____ Personnel

- ____ Class Schedules
- ____ Professional Involvement
- ____ Property Control
- ____ Student Majors
- ____ Courses and Curricula
- ____ Outcome Measures
- ____ Grants applied for and grants received in department
- ____ Number and type of faculty publications
- ____ New initiatives in the department (university courses, etc.)
- ____ Efforts to promote effective teaching
- ____ Retention and recruitment efforts

Miscellaneous

- ____ Serve in special committees of department heads in the college or university
(where requested)
- ____ Participate in grant or special funds requests for the department and/or its faculty
- ____ Host special programs as requested by industry or other groups, welcome groups
to the campus
- ____ Other

Recommended:

Faculty: _____ Date: _____

Department Head: _____ Date: _____

Dean: _____ Date: _____