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**United Board Fellows Program Nomination Form**

The nomination form is to be completed by either the head of institution or a senior administrator, and returned to [*ubfellows@unitedboard.org*](mailto:UBFellows@unitedboard.org) by **September 30, 2018**. **Each institution may nominate a maximum of two candidates.**

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| **Part I: Institution Information** |
| Name of Institution: |
| Institutional Website: |
| Has your institution had a United Board Fellow in the past? Yes/No |
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| **Part II: Nomination** |
| Name of Nominee: |
| Years of Employment at the institution: |
| Current Position: |
| Anticipated Next Position: |
| Highest Degree Earned: |
| Year of Birth: |
| Email of Nominee: |
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| 1. Please describe the nominee’s major achievement(s) and the ways in which the nominee has distinguished him/herself at your institution as a leader? |
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| 1. Please describe any qualities or skills this nominee needs to develop as an emerging leader at your institution. |
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| 1. The United Board Fellow Program prepares Fellows for positions of greater leadership following participation in the program. What position and/or expanded roles do you expect the nominee will assume after completing the United Board Fellows Program? |
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| 1. Please describe (in brief) the strategic development plan and major institutional projects of your institution over the next five years. |
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| 1. Please describe the policies, priorities, and methods for the professional development of academic and administrative staff at your institution. |
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| 1. The United Board seeks to further the development of whole person education. Please describe the efforts of your institution in advancing whole person education and outline how participation in the Fellows Program might contribute to reaching these goals. For more on the United Board’ work in whole person education, please see here: [www.unitedboard.org](http://www.unitedboard.org) |
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| **Part III: Endorsement by Head of Institution** | | | |
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| I would like to nominate the above candidate for the United Board Fellows Program. | | | |
| Signature: | | | |
| Name: (Please Print Out Clearly) | |  | |
| Title: |  | | |
| Email: | | | Phone: |
| Date: | | | |