The following information is required for each Regents Professor nomination. Please follow the University of Arizona Regents Professor Nomination Process completely and carefully. Incomplete dossiers may be delayed. All nominations are due no later than Noon on Friday, November 1, 2019.

Date of Submital:______________________________

NOMINATION INFORMATION
Nominee Full Name: ____________________________ Department: _______________
Title: __________________________________________ Direct Line: _______________
UA Start Date: ________________________________ Cell Phone: _______________
First Year of Nomination in this Round: ______________ Home Phone: _______________

NOMINATING GROUP INFORMATION (Group Chair + four members only. Additional members will not be considered.)
After entering all requested information for each member, please print the Cover Sheet and obtain an ORIGINAL signature from each member.
Group Chair Full Name: __________________________________________
Position: ___________________________________________________________
Department: __________________________________________________________
Telephone: __________________________ Email: __________________________ Signature: __________________________

Nominating Member Full Name: __________________________________________
Position: ___________________________________________________________
Department: __________________________________________________________
Telephone: __________________________ Email: __________________________ Signature: __________________________

Nominating Member Full Name: __________________________________________
Position: ___________________________________________________________
Department: __________________________________________________________
Telephone: __________________________ Email: __________________________ Signature: __________________________

Nominating Member Full Name: __________________________________________
Position: ___________________________________________________________
Department: __________________________________________________________
Telephone: __________________________ Email: __________________________ Signature: __________________________

Nominating Member Full Name: __________________________________________
Position: ___________________________________________________________
Department: __________________________________________________________
Telephone: __________________________ Email: __________________________ Signature: __________________________

CHECKLIST OF DOCUMENTS TO BE SUBMITTED:

☐ Signed nomination Cover Sheet
☐ Letter of nomination
☐ One paragraph bio-sketch for each Nominating Group member
☐ Letters of support (minimum of 6, maximum of 8) _______ enclosed:
☐ One paragraph bio-sketch for each referee
☐ Nominee’s Curriculum Vitae (including courses, teaching evaluations and graduate student committee responsibilities)
☐ PDF file of Nomination Dossier
☐ Email FULLY COMPLETED Cover Sheet and Nomination Dossier to osegoj@email.arizona.edu