

THE UNIVERSITY OF LETHBRIDGE SENATE

Honorary Degree Nomination Form

Nominators must complete this form after reviewing the <u>Awarding of Honorary Degrees – Senate Guidelines</u>. Nominations are accepted on an ongoing basis throughout the year; however, **January 15, 2025,** is the annual deadline for the Senate Honorary Degree Committee to consider nominees to recommend to Senate.

Only complete and submitted nominations will be accepted. Checklist for a complete nomination include:

	Submit Nomination Form				
	Submit Minimum 2 (4 max) supporting lette	15			
contacted	on and background checks, such as academic	- Honorary Degree nominees are <u>not</u> to be on. Senate reserves the right to request additional credentials and criminal record, if determined by			
	ee's Information				
Nominee	e's Full Name (first name, last name):				
Current F	Position & Organization:				
Address:					
Telephor	ne (work):	Telephone (home/cell):			
Email:					
	ole, please attach a curriculum Vitae (CV) or include ions are also acceptable):	a biographical sketch of the nominee (video			
Please pr	rovide a short summary of how the nominee has n	net the criteria for an Honorary Degree:			
Statemen	nt on any connection to the University and/or the i	mportance of the nominee to the University:			

Requested Degree Type						
The degree type that is awarded is up to the discretion of Senate and the Office of the University Secretariat. Enclosed in the Awarding of Honorary Degrees – Senate Guidelines document (section 4 Degree Awarded) what preference would you have for degree type. Please note: All Honorary degrees are conferred <i>honoris causa</i> , "for the sake of honor". If there is a preference, please select one type of degree:						
[] Doctor of Letters (D.Litt. <i>h.c.</i>)	Doctor of Scie	nce (D.Sc. <i>h.c.</i>)	[] Doctor of Laws (LL.D <i>h.c.</i>)			
Nominator & Referees Information: (Attach letters of support)						
Nominator						
Full Name (first name, last name):						
Relationship to the Nominee:						
Current Position & Organization:						
Address:						
Telephone (work):		Telephone (home/o	rell):			
Email:						
Do you consent to having your name, and confirm that the referee's consent to releasing their names to the HDR if the nomination is successful? Yes [] No []						
Referee #1 – Letter of Support #1						
Full Name (first name, last name):						
Relationship to the Nominee:						
Current Position & Organization:						
Address:						
Telephone (work):		Telephone (home/o	rell):			
Email:						

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Referee #2 - Letter	of Support #2		
Full Name (first name,	last name):		
Relationship to the No	minee:		
Current Position & Org	ganization:		
Address:			
Telephone (work):		Telephone (home/cell):	
Email:			
Please attach any le submissions are als	• •	and four are the maximum (video	
Referee #3 (Option	onal) – Letter of Support #3		
Full Name (first name,	last name):		
Relationship to the No	minee:		
Current Position & Org	ganization:		
Address:			
Telephone (work):		Felephone (home/cell):	
Email:			
alumni and volunte equally or more sui	erism, if the Senate Honorary I	processes for recognizing outstanding Degree Committee deems a nomination to be nomination package may be forwarded for	
Nominator's Signat	ure	Date	
Return form to:	Senate Office A750 (University Hall) The University of Lethbridge 4401 University Drive Lethbridge, AB, T1K 3M4 governance@uleth.ca	The personal information collected on this form is collected under authority of the Post-Secondary Learning Act for the purposes of administering the University of Lethbridge Honorary Degree selection process. If you have questions related to the collection, use or disclosure or this personal information, you may contact the Privacy Office, University of Lethbridge, 4401 University Drive, Lethbridge, Alberta, T1K	

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3M4, 403-332-4417.

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