



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

Nomination Form (online)

Minimum 2 (4 max) supporting letters

Nominee's Information Nominee's Full Name (first name, last name):	:
,	
Current Position & Organization:	
Address:	
tual ess.	
Telephone (work):	Telephone (home/cell):
Email:	I
•	(CV) or include a Biographical Sketch of the nominee (video
submissions are also acceptable):	
Please provide a short summary of how the	nominee has met the criteria for an Honorary Degree:
Statement on any connection to the Universi	ity and/or the importance of the nominee to the University:
,	

Requested Degree Type				
The degree type that is awarded is up to the discretic				
Secretariat. Enclosed in the Awarding of Honorary Degrees – Senate Guidelines document, what				
preference would you have for degree type. Please note: All Honorary degrees are conferred honoris				
causa, "for the sake of honor". Please select one type of degree if there is a preference:				
[] Doctor of Laws (LL.D) [] Doctor of Science (D	O.Sc.) [] Doctor of Letters (D.Litt.)			
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/cell):			
Email:	<u> </u>			
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/cell):			
Email:				

2024.ver.02 - 2 -

Referee #2 - Letter	r of Support #2	
Full Name (first name,	last name):	
Relationship to the No	ominee:	
Current Position & Org	ganization:	
Address:		
T		T. I. I. (1. (1. (1. II))
Telephone (work):		Telephone (home/cell):
Email:		
Please attach any le	etters of support after this form	and four are the maximum (video
submissions are als	so accepted).	
Referee #3 (Option	onal) – Letter of Support #3	
Full Name (first name,	last name):	
Relationship to the No	ominee:	
Current Position & Org	ganization:	
Address:		
Telephone (work):		Telephone (home/cell):
Email:		
In acknowledgmen	t of the University's established	processes for recognizing outstanding
		Degree Committee deems a nomination to be
-	_	nomination package may be forwarded for
consideration in the	ose respective processes.	
Nominators Signature		Date
Return form to:	Senate Office	The personal information collected on this form is collected
	A750 (University Hall) The University of Lethbridge	under authority of the Post-Secondary Learning Act for the purposes of administering the University of Lethbridge
	4401 University Drive	Honorary Degree selection process. If you have questions related to the collection, use or disclosure or this personal
	Lethbridge, AB, T1K 3M4	information, you may contact the Privacy Office, University
	governance@uleth.ca Fax (403) 329-2097	of Lethbridge, 4401 University Drive, Lethbridge, Alberta, T1K 3M4, 403-332-4417.

2024.ver.02 - 3 -