

**BOARD OF REGENTS FACULTY AWARDS
CERTIFICATION OF ELIGIBILITY FOR AWARD**

Please complete one form for each nominee.

NOMINEE'S NAME:

INSTITUTION:

PERIOD COVERING (From/To):

1. I certify that the above-named faculty member is currently employed by a USM institution as a tenured, tenure-track, or non-tenure track faculty member.
2. I certify that the above-named faculty member has been a University System of Maryland faculty member for *at least five years*.
3. I certify that, while making the outstanding contributions on which the nomination is based, the faculty member was employed by the nominating institution.
4. I certify that only supporting materials related to the last three years have been submitted.
5. I hereby certify that the nominee has satisfied the departmental faculty-workload requirement.* The requirement (indicated by percentages) follows:

Teaching:

Research:

Public Service:

Other:

*For non-tenured/non-tenure track faculty and adjunct faculty nominees, please adjust these workload requirement categories as appropriate. Describe adjustments being made.

6. Brief description/explanation of the manner in which the activities for which the faculty member is nominated exceed the workload requirement.

Signature of President or President's Designee

Date