



Texas Women in Higher Education

TWHE Award Nomination Form

Nominee information:

Name:

Title:

Institution:

Email:

Number:

Nominator information:

Name:

Title:

Institution:

Email:

Number:

Identify nomination category:

Institutional Representative of the Year Award

Contributions to TWHE Award

Emerging Leader Award

Give a description of how you feel this individual has achieved the criteria for this goal. Criteria for each award are listed above. Please be specific in addressing each award criterion:

Evidence

Feel free to submit additional evidence, if available, about this individual as it pertains to the TWHE award. Examples include, but are not limited to: press releases, pictures, awards, national recognition, etc.

Signature

Date:

By signing, I endorse the above individual for the TWHE Award and agree she has met the award criteria.

Please submit this form and any additional evidence to Renetta Wright (renetta.wright@tccd.edu) no later than **FEBRUARY 15, 2024**. Corresponding subject line must read: 2024 TWHE Award Nomination