



KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

AWARDS NOMINATION FORM

Name of Nominee:

Dept./Unit:

College/Division:

Job Title:

Award Category:

Date:

1. Using the eligibility criteria as a guide, justify why this nominee deserves this Award. (Attach extra sheets if necessary)

2. What actions are taken by the nominee to assist in achieving the department/institutional mission contributing to long-lasting benefits in the University community?

3. Kindly attach all documentary evidence to the nomination form.

Name of Head of
Dept./Unit:

Signature:

Official Stamp:

Date: