BOISE STATE UNIVERSITY
ASSOCIATION OF OFFICE PROFESSIONALS
ADMINISTRATOR OF THE YEAR
NOMINATION FORM

Nominee's Name: _____
First Middle Last

Campus Mailing Address: _____
Department Mail Stop

Office Phone: _____ Home Phone: _____

Nominee Employed By: _____
(Full name of school, college, department, etc.)

Position: _____

Nominee's Immediate Supervisor: _____
Name Phone

BASIS FOR SELECTION OF NOMINEE: Please submit this information on a separate enclosure.

Nominating Individual must be a member of BSUAOP.

Name of Nominee: _____

Campus Mailing Address: _____

Campus Phone: _____ Home Phone: _____

Nominations should be sent to: **Danielle Devoe, BSUAOP Awards Chair**
SSPA, 426-1368
MS-1900

NOMINATIONS ARE DUE BY March 15, 2010.