

## **Honorary Diploma Nomination Form**

| Name              |                                                                                                                                                                                                                |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address           |                                                                                                                                                                                                                |
| Email Address     | Phone Number                                                                                                                                                                                                   |
| Short Description | n of Nominee (physician, technologist, teacher, etc.)                                                                                                                                                          |
|                   |                                                                                                                                                                                                                |
|                   |                                                                                                                                                                                                                |
|                   |                                                                                                                                                                                                                |
|                   |                                                                                                                                                                                                                |
|                   |                                                                                                                                                                                                                |
|                   | e recipient of the Honorary Diploma must meet one or more of the following criteria; please check appropriate x(es)                                                                                            |
|                   |                                                                                                                                                                                                                |
|                   | <ul> <li>Significant contributions and accomplishments in the field of health care (broadly defined) provincially,<br/>nationally or internationally</li> </ul>                                                |
|                   | □ Significant contributions and accomplishments in post-secondary education provincially, nationally or internationally                                                                                        |
|                   | ☐ Significant contributions and accomplishments in a professional discipline that aligns with The Michener                                                                                                     |
|                   | Institute of Education at UHN's educational programs.  ☐ Significant contributions and accomplishments in a community of professional practice that aligns with                                                |
|                   | The Michener Institute of Education at UHN's educational programs.                                                                                                                                             |
| NOMINATOR I       | INFORMATION: please provide the following information                                                                                                                                                          |
| Name              |                                                                                                                                                                                                                |
|                   |                                                                                                                                                                                                                |
| Address           |                                                                                                                                                                                                                |
| Email Address     | Phone Number                                                                                                                                                                                                   |
| Relationship to   | Michener                                                                                                                                                                                                       |
|                   | will be requested to work in consultation with the nominator or the Honorary Diploma Committee to for profile to be read at Graduation, as well as provide a photo to be used in promotional materials and for |
|                   | plaque that is displayed at Michener.                                                                                                                                                                          |
| Nomination Pa     | ackages must include:                                                                                                                                                                                          |
| □ a comple        | eted nomination form                                                                                                                                                                                           |
|                   | ulum vitae of the nominee (if available) or similar documentation* um of two supporting reference letters                                                                                                      |
|                   | *includes credentials, work experience, contributions, awards, etc                                                                                                                                             |
| Nominator's S     | Signature: Date:                                                                                                                                                                                               |

KINDLY FORWARD NOMINATIONS TO <a href="mailto:principal@michener.ca">PRINCIPAL@MICHENER.CA</a>