

THE SYDNEY INSKIP SERVICE AWARD

in the College of Medicine

NOMINATION FORM

Person Nominated: _____

Position: _____

Department/Unit: _____

Nominated by: _____

Position: _____

Address: _____ Telephone: _____

Statements in support of this nomination (additional information may be attached)

One or more signed letters of support (attached) have been provided by:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Signature of Nominator: _____ Date: _____

Submit completed form and attachments by September 27, 2021 to steph.bodnar@usask.ca

