

Nomination Form – Faculty/Staff

Zeta Phi Chapter Phi Beta Delta Honor Society for International Scholars

Name: _____

Nominated by: _____ (self, faculty, etc.)

Status: _____ (faculty, staff)

Department: _____

Statement of International Experience/Interest: _____

Contact Information:

Phone Number(s) _____

Email Address: _____

Signature of nominee Date

Signature of nominator (or self if nominating self) Date

Return completed form to:
Ian Olson
University Center 311B
Northern Kentucky University
Highland Heights, KY 41099