April 2008

Dear Colleague:

I would like to announce the “call for nominations” and the date for the 2008 Professional Recognition Dinner of the College of Education. This year’s Professional Recognition Dinner will be held on Thursday, October 9, 2008.

At our annual Professional Recognition Dinner, we will present these honors to outstanding individuals from New York State and Ontario in administration, teaching, counseling, and community leadership. I invite you to nominate individuals for these awards. The attached ballot includes information on the candidate and a summary of accomplishments. Nominations must be received by May 30, 2008 (fax 716-286-8561) or e-mail Marian Fisher at mlf@niagara.edu.

If you would like additional information regarding the awards, please feel free to contact:

Dr. Shannon Hodges, Chairperson
Department of Educational Leadership and Counseling
716-286-8550
shodges@niagara.edu

Dr. Chandra Foote, Chairperson
Department of Teacher Education
716-286-8496
cjf@niagara.edu

Thank you for your assistance in the nomination process. Please mark your calendars for October 9th as we honor these outstanding individuals and celebrate the difference they have made in education.

Sincerely,

Debra A. Colley, Ph.D.
Dean, College of Education

Enclosure
NOMINATION
FOR
ADMINISTRATOR OF THE YEAR

NOMINEE_________________ TITLE ________________________

PLACE OF EMPLOYMENT ___________________ TEL NO. ( ) ______

ADDRESS ____________________________________________

City State/Province Zip/Postal Code

NOMINATED BY: ___________________________ TEL NO. ( ) ______

Summary of Accomplishments:


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NOMINATION
FOR
TEACHER OF THE YEAR

NOMINEE_________________ TITLE ________________________

PLACE OF EMPLOYMENT ___________________ TEL NO. ( ) ______

ADDRESS ____________________________________________

City State/Province Zip/Postal Code

NOMINATED BY: ___________________________ TEL NO. ( ) ______

Summary of Accomplishments:
NOMINATION FOR COUNSELOR OF THE YEAR

NOMINEE_________________________ TITLE __________________________

PLACE OF EMPLOYMENT ________________ TEL NO. ( ) _________

ADDRESS ______________________________________________________

City State/Province Zip/Postal Code

NOMINATED BY: ____________________________ TEL NO. ( ) _________

Summary of Accomplishments:

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NOMINATION FOR COMMUNITY LEADERSHIP

NOMINEE_________________________ TITLE __________________________

PLACE OF EMPLOYMENT ________________ TEL NO. ( ) _________

ADDRESS ______________________________________________________

City State/Province Zip/Postal Code

NOMINATED BY: ____________________________ TEL NO. ( ) _________

Summary of Accomplishments: