

# Honourary Doctor of Divinity Recipient Nomination Form

Please fill out the form below and include a letter of recommendation no longer than 2 pages, outlining the reasons for nomination and how the criteria of selection are met by the nominee(s).

## Nomination Form

Individual Nominee's name: \_\_\_\_\_(Required)

Email and/or

Phone: \_\_\_\_\_

Nominator's name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

- We may contact you for information or clarification regarding your nomination.
- The information collected through the application process will be used only to determine the recipient of the Honourary Doctor of Divinity.

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_