HONORARY DOCTORATE OF TECHNOLOGY NOMINATION

Board of Governors Office, Tributes Committee

Thank you for taking the time to nominate a deserving candidate. Please complete the following application, and send it to the address below. A member of the Board of Governors Tributes Committee will contact you to discuss this nomination, and the next steps. This form is associated with Procedure 5501-PR1, Honorary Awards. Please send the completed nominator form to:

3700 Willingdon Avenue, Burnaby, BC V5G 3H2 E Barbara_Kader@bcit.ca		
_		
CANDIDATE YOU ARE NOMINATING		
TITLE/POSITION	COMPANY/ORGANIZATION	
MAILING ADDRESS	POSTAL CODE	E-MAIL
OFFICE PHONE NUMBER	HOME PHONE NUMBER	CELL PHONE NUMBER
BCIT CONNECTIONS		
Please describe briefly why you feel this c	andidate should be nominated for a BCIT Honor	rary Doctorate of Technology.
YOUR NAME	TITLE/POSITION	
COMPANY/ORGANIZATION		
MAILING ADDRESS	POSTAL CODE	E-MAIL
OFFICE PHONE NUMBER	HOME PHONE NUMBER	CELL PHONE NUMBER
selected to receive a BCIT Honorary Do	vare that submitting this application form does rectorate of Technology. Please note, the candida Board of Governors Tributes Committee.	
DATE		BCIT

STRICTLY CONFIDENTIAL