

DUKE UNIVERSITY & HEALTH SYSTEM
BLUE RIBBON AWARD RECOGNITION

**DIVERSITY AWARD
NOMINATION FORM**

Deadline to Submit: Friday, September 11, 2009

Please Type or Print

NOMINEE: Dr./Ms./Mr.

First Middle Initial Last

Nominee's Duke ID:

Professional Title: Department: Box:
Physical Address: Box:
Phone: Email:
Nominee's Direct Supervisor:

NOMINATOR: Dr./Ms./Mr

First Middle Initial Last

Title: Department: Box:
Physical Address: Box:
Phone: Email:

Please check the specific behavior(s) that demonstrates the Nominee's commitment to the University Guiding Principle of Diversity.

- A demonstrated commitment to the spirit of diversity.
 Leadership which fosters positive interaction between persons of different cultural backgrounds.
 Consistently behaved in a manner which illustrates a commitment to the inclusion of persons within the institution who are members of traditionally under represented groups.

Please attach a typed summary explaining how the Nominee has demonstrated the criteria checked above and why they should be considered for the Diversity Award. All accepted nominations will be bound and mailed to the nominee with a letter of congratulations.

HELPFUL TIPS:

- Clearly state how the Nominee demonstrates a commitment to the University Guiding Principle of Diversity.
- Cite specific examples of Nominee's commitment, leadership, positive interactions, and behavior that are to be commended.
- Describe how the University and/or Health System has benefited from Nominee's work.
- **Optional but strongly recommended – Include letters of support for this nomination from additional co-workers, supervisor/manager, and/or department head.**

NOMINEE'S DEPARTMENT HEAD AUTHORIZATION

Signature: _____ Name: *First M. I. Last*
Title: Department:
Physical Address: Box:
Phone: Email:

Completed nominations must be received by 5:00 p.m., Friday, September 11, 2009

Staff and Family Programs, Box 90520, 154 Trent Drive Hall, Fax: (919) 681-8427