DUKE UNIVERSITY & HEALTH SYSTEM
BLUE RIBBON AWARD RECOGNITION
DIVERSITY AWARD NOMINATION FORM

Deadline to Submit: Friday, September 15, 2017

Please Type or Print

NOMINEE (Please check one) Dr. _____ Mr. _____ Ms. _____

First Name: ___________________ Middle Initial: _______ Last Name: ___________________
Duke ID: ___________ Professional Title: ___________________ Department: ___________________
Physical Address: ___________________________________________ Box: _______________
Phone: ___________________ Email: ________________________
Nominee’s Direct Supervisor: __________________________________

NOMINATOR: (Please check one) Dr. _____ Mr. _____ Ms. _____

First Name: ___________________ Middle Initial: _______ Last Name: ___________________
Title: ___________________ Department: ___________________
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 underrepresented 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 REQUIRED

(Please check one) Dr. _____ Mr. _____ Ms. _____ Signature: ________________________________

First Name: ___________________ Middle Initial: _______ Last Name: ___________________
Title: ___________________ Department: ___________________
Physical Address: ___________________________________________ Box: _______________
Phone: ___________________ Email: ________________________

Completed nominations must be received by 5:00 p.m., Friday, September 15, 2017.
Please submit all supporting documentation with the completed nomination form.
Staff and Family Programs, Box 90520, 705 Broad St., Room 201, staff-family-programs@duke.edu, Fax: (919) 681-8427