

Nomination Form



APTA Academy of Education Fellowship in Higher Education Leadership

Instructions for Applicant

Name: _____

Send this form to an individual at your institution who is nominating you (program director, dean, or other appropriate administrator).

If your immediate supervisor is not your nominator, please ensure proper approvals are procured.

1. Upload the completed nomination form into the "Documents" section of your [RF-PTCAS](#) application.
2. Enter the nominator's information in the "Evaluations" section of the RF-PTCAS application (as your nominator is also required to complete one of your evaluations).
3. Submit all required application materials via RF-PTCAS by the application deadline.

Instructions for Nominator Completing Nomination Form

Complete all fields on this two-page Nomination Form and return the signed copy to the applicant.

Institution Statement of Commitment

Institutional nomination and support are key to successful outcomes of the fellowship. This Nomination Form provides evidence of the institution's commitment to the development of the applicant.

The institution will provide the following to applicants who are accepted into the fellowship:

- A year-long commitment of time (July-July) for the fellow to participate in this program, which includes approximately nine administrative-leave days and travel for three onsite sessions.
- Assistance to the fellow in developing a leadership project that responds to a need within the institution.
- Identification of an institutional mentor to guide the fellow throughout the fellowship.
- Participation in ongoing assessment of the fellow and the fellowship program.

Your signature/e-signature indicates acceptance of the items in the Statement of Commitment as described above.

Signed: _____

Date: _____

Institution Statement of Financial Support — Binding Agreement

While not required for acceptance, the degree of institutional funding suggests a measure of commitment on behalf of the applicant. The institution is strongly encouraged to provide financial support to the fellow, as it will directly benefit from the enhanced knowledge and skills of the individual. The total cost of participation in the fellowship is estimated to be \$11,500. Please indicate what level of financial support the institution will provide the applicant, if accepted.

	100% Pledged	Partial ___% Pledged	0% Pledged
Fellowship Program Tuition = \$7,000		___%	
Travel to attend three two-day onsite sessions = ~\$4,000		___%	
Required texts = ~\$500		___%	

Use this box to describe any additional support the institution plans to provide. Examples include (but are not limited to): institutional leadership opportunities and training, staff support, and grants.

Your institution understands that if the applicant is accepted, your institution will provide the support you agreed to above. APTA will provide an invoice to the institution for the agreed support, due 30 days upon receipt, if and when the applicant is accepted.

Your signature/e-signature below indicates acceptance of the Institution Statement of Financial Support — Binding Agreement as described above.

Signed: _____

Date: _____

Nominator's Information

Name:

Position/Title:

Academic Institution:

Work Phone:

E-Mail: