



De La Salle University

NOMINATION FORM

ST. MIGUEL FEBRES DE CORDERO
PILLAR OF LASALLIAN EXCELLENCE AWARD

Please attach recent
colored 2x2 photo
(not scanned)

PERSONAL INFORMATION

NAME (SURNAME, FIRST NAME, MIDDLE NAME)				TITLE	
Sex (Check) <input type="checkbox"/> M <input type="checkbox"/> F	Nick Name	Civil Status	Birthdate		Birthplace
			mm	dd	yyyy
Residence					Zip Code
Email Address:	Home Tel. No:	Mobile Phone No.:	Fax No.:		
No. of units taught at the time of nomination:					

EXCELLENCE IN RESEARCH

INSTRUCTIONS:

1. Kindly fill out this form thoroughly. Use black ink and print legibly in the printer.
2. Submit this original copy plus a photocopied one to your dean's office on or before _____.

CRITERIA:

1. Publication in High Impact Journals

Title of Published Papers/Creative Works	Title and Date of Publication	Publisher/ Organization /Client	Title, Venue, and Date of Conference/Exposition/Launching	ISSN/ ISBN (If applicable)

Note: Supporting documents are needed

2. Plenary Talks /Invited lectures in high quality conferences

Title of plenary talk/ lecture	Organizer	Title, Venue, and Date of Conference

3. Peer Reviews

Title of Published Papers/Creative Works	Title and Date of Publication	Publisher/ Organization	ISSN/ ISBN (If applicable)

4. Citations by notable scholars

Citations	Name of notable scholar/s	Specifics of citation

5. Societal impact

Title of Published Papers/Creative Works	Title and Date of Publication	Publisher/ Organization	Societal Impact factor

6. Externally funded projects

Title of Research Paper	Funding Organization	Submission Date of Final Report to Agency

Note: Please attach Memo of Agreement with the Funding Organization / Term of Reference and supporting documents.

7. Leadership in professional organizations

Significant Participation	Organization	Begin Date	End Date

8. Contribution in editorial work

Significant Participation	Name of Academic Journal	Begin Date	End Date

9. Creative work

Title of Creative Works	Title and Date of Publication	Publisher/ Organization /Client	Title, Venue, and Date of Conference/Exposition/Launching	ISSN/ ISBN (If applicable)

OTHER INFORMATION (Please mention any other experiences or achievements not specifically indicated above.)

CERTIFICATION

TO THE SCREENING COMMITTEE:

I certify to the best of my knowledge that all information in this form is factual and correct. I am fully aware that any misrepresentation of facts stated can be used for the nominee's disqualification.

SIGNED THIS DAY OF _____ at _____
Date Place

SIGNATURE ABOVE PRINTED NAME