



WASC ADMINISTRATOR OF THE YEAR NOMINATION FORM

Name of person(s) making the nomination:

School Year _____

Phone number of person(s) making the nomination: (____) ____ - _____

Best time to be reached: _____

Nominee's Information:

Name of Nominee: _____ Phone: (____) ____ - _____

Home Address: _____
Street City Zip

School Name: _____ Phone: (____) ____ - _____

School Address: _____
Street City Zip

Official school position: _____

Number of years as a school administrator: _____

I. Reason(s) for nomination:

II. List community involvement:

III. List any other activities/responsibilities/honors that will support your nomination:

Please complete this form and return to your Regional Advisor as soon as possible.
(Include additional pages if needed)