



# Women's Executive LeadHERship Academy (WELA) 2025 Nomination Form

## Section 1: Nominee Information

Full Name of Nominee: \_\_\_\_\_

Preferred Name (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Job Title/Role: \_\_\_\_\_

College/Department: \_\_\_\_\_

Years of Leadership/Administrative Experience:

☐ 0–2 years

☐ 3–5 years

☐ 6–10 years

☐ 11+ years

## Section 2: Nominator Information

Full Name of Nominator: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

## Section 3: Nomination Statement

Why do you believe this nominee should be selected for WELA?

Please highlight their leadership potential, professional achievements, and commitment to growth.

Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 4: Commitment & Confirmation

WELA requires full participation in all sessions and the capstone project. By nominating this individual, you affirm your support of their participation and commitment.

☐ I affirm my nomination and support this candidate's participation in WELA.

Nominator's Signature/Date: \_\_\_\_\_

*Submit completed form and attachments (if applicable) to [vsuwli@vsu.edu](mailto:vsuwli@vsu.edu).*