



**Contact Information of Nominating Faculty Member**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street or PO box City State Zip Code

**Phone Number** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**Faculty Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This form can be completed online at <http://sociweb.tamu.edu/REU/>  
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