

2017 Zak Sabry Mentorship Award NOMINATION FORM

Full Name of Nominee: _____

Please address the following questions in your letter of recommendation not to exceed two pages.

1. When and how did you come to know the professor you are nominating?
2. Please describe how the professor served as a teacher, guide, and coach during your educational experience.
3. How has the professor served as your teacher, guide, and coach since graduating from the School of Public Health?
4. Why do you feel that this professor represents the outstanding mentoring skills that the Zak Sabry Mentorship Award recognizes?

Nominator: _____

Degree(s): _____ **Class Year:** _____

Program of Study (e.g., Epidemiology, Health Policy & Management):

Address: _____

City, State, Zip: _____

Daytime Phone: _____

E-mail: _____

If your nominee is selected, would you be able to attend the commencement ceremony on May 17, 2017? **YES** **NO** **NOT SURE**

Email to phaa@berkeley.edu, **Fax to** 510-643-8753, or **Mail to:**

Chair, Zak Sabry Mentorship Award Committee
Attn: Eileen Pearl, Director, External Relations Programs
UC Berkeley School of Public Health
417-L University Hall
Berkeley, CA 94720-7360

Direct questions to: Eileen Pearl, School of Public Health, 510-643-6382.

Please mail, email, or fax nomination letter by March 17, 2017.