

CONFIDENTIAL

Infinite Mile Awards Program Nomination Form

Office of the Provost
Office of the Vice President for Research

Name of Nominee or Team:

Name of Team Members (if applicable):

Name of DLC:

Name of Nominator:

Nominator's MIT Title:

Nominator's Email:

Nominator's Phone:

Approved by: _____

Name

Date

Title

DLC



MIT REWARDS & RECOGNITION Program