Women's Executive LeadHERship Academy (WELA) 2026 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.