**CANADA EXCELLENCE RESEARCH CHAIRS PROGRAM
PHASE 2 NOMINATION**

**Suggested Reviewers Form**

The institution must suggest at least five potential reviewers for this nomination. For more information on completing this form, refer to the [Nomination Instructions](http://www.cerc.gc.ca/program-programme/nomination-mise_en_candidature-eng.aspx).

**Institution:**

**Title of CERC:** Canada Excellence Research Chair in

**Name of Nominee:**

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| 1) Surname or family name: |       |
| Given name and initials: |       |
| Department/faculty/division: |       |
| Title or position: |       |
| Institution/organization: |       |
| Country: |       |
| Areas of expertise: |       |
| Email address: |       |

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| 2) Surname or family name: |       |
| Given name and initials: |       |
| Department/faculty/division: |       |
| Title or position: |       |
| Institution/organization: |       |
| Country: |       |
| Areas of expertise: |       |
| Email address: |       |

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| 3) Surname or family name: |       |
| Given name and initials: |       |
| Department/faculty/division: |       |
| Title or position: |       |
| Institution/organization: |       |
| Country: |       |
| Areas of expertise: |       |
| Email address: |       |

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| 4) Surname or family name: |       |
| Given name and initials: |       |
| Department/faculty/division: |       |
| Title or position: |       |
| Institution/organization: |       |
| Country: |       |
| Areas of expertise: |       |
| Email address: |       |

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| 5) Surname or family name: |       |
| Given name and initials: |       |
| Department/faculty/division: |       |
| Title or position: |       |
| Institution/organization: |       |
| Country: |       |
| Areas of expertise: |       |
| Email address: |       |