

**Collegiate Teaching Award**  
Cover Page

Name of Nominee \_\_\_\_\_

Faculty Rank \_\_\_\_\_

Department \_\_\_\_\_

Office Address \_\_\_\_\_

I have read the attached nomination materials and I approve the release of all information therein for use in the selection and announcement of the Collegiate Teaching Award.

Nominee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Nominator \_\_\_\_\_

Title \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_

**This page must be attached to each nomination for a Collegiate Teaching Award.**