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.