Nomination Form
President’s Award for Outstanding Teaching, 2020

Nomination Coordinator:

As the nomination coordinator for the nominating group on the attached form, I wish to nominate

___________________________________________________________

of the School/Faculty, Department _______________________________________

for the President’s Award for Outstanding Teaching (Faculty), 2020.

Name (Please print) __________________________ Signature __________________________ Date __________

E-mail __________________________ Telephone __________________________

Nominee:

I accept the nomination for the President’s Award for Outstanding Teaching and understand that to be considered for the award, I am required to submit an application document*.

Signature of nominee __________________________ Date __________

E-mail __________________________ Telephone __________________________

Number of years of continuous service
at Memorial University

Nomination and Application Deadlines:

March 19, 2020, 5:00 pm The completed nomination form and five letters of support must be submitted by the nomination coordinator.

May 14, 2020, 11:59 pm The application document and a Curriculum Vitae must be submitted electronically by the nominee.

*Advice for the development of the application document may be obtained from staff of CITL.
President’s Award for Outstanding Teaching, 2020

Nomination Supporters for ____________________________

(Nominee)

Note: At least TWO nomination supporters must be current faculty members of Memorial University. At least THREE nomination supporters must be former students of the nominee.

Indicate supporter as:
- Current student
- Former student
- Academic administrator
- Faculty member
- Staff
- Other

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<th>Name of Supporter (please print)</th>
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For the Nomination Coordinator: Those who have provided letters of support have been informed and agree that the letters of support may be read by the nominee and that quotes from the letters may be used in promotional material or in citations for the award recipient.

Signed: ____________________________  Date: ____________________________

(Nomination Coordinator)