

NC STATE UNIVERSITY

Alumni Distinguished Undergraduate Professor Award Nomination Form

Date			
NOMINEE INFORMATION			
Last Name	First Na	ame, Middle I	
Rank	Title		
Email	NC State 9-digit ID a	#(for award disburseme	
Campus Phone	Cell Phone	Cell Phone Home Phone	
Campus Box	_Home Address		
	member at NC Statestanding Teacher		
Courses being taught in the c	urrent year of nomination		
List other teaching/mentoring	awards and year received		
College	Department		
Dean	Dean's Executive Assistant		
Department Head			
Contact information for nomir	ation package submission (other tha	an Dean or Department Head)	
Contact Name	Contac	ct Email	
Dean or Designee	Faculty co-chair College Selection Comn	mittee College Selection Committee	
*By submission of t	his form, the committee validates that	t this nominee meets all eligibility and criteria	

Submit form as a PDF file along with the other components (also pdf files) of the nomination package to: Internal Faculty Awards Coordinator, Sherry Bailey at: sbbailey@ncsu.edu