

**NC STATE UNIVERSITY**

**Board of Governors Award for Excellence in Teaching Nomination Form**

Date \_\_\_\_\_

**NOMINEE INFORMATION**

Last Name \_\_\_\_\_ First Name, Middle I. \_\_\_\_\_

Rank \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

Campus Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Campus Box \_\_\_\_\_ Home Address \_\_\_\_\_

NC State University 10-Digit Vendor # \_\_\_\_\_ (for award disbursement) **This is NOT your University ID #.**

Number of years as a faculty member at NC State \_\_\_\_\_

Year(s) recognized as Outstanding Teacher \_\_\_\_\_

Date of Tenure \_\_\_\_\_

Courses being taught in current year of nomination \_\_\_\_\_

List other teaching/mentoring awards and years awarded

\_\_\_\_\_  
\_\_\_\_\_

College \_\_\_\_\_ Dept. \_\_\_\_\_

Dean \_\_\_\_\_ Dean's Executive Assistant \_\_\_\_\_

Department Head \_\_\_\_\_

**Nominator Information** (if different from Department Head or Dean)

Nominator Name \_\_\_\_\_ Email \_\_\_\_\_

Contact name/email for submission packet content \_\_\_\_\_

\_\_\_\_\_  
Dean or Designee

\_\_\_\_\_  
Faculty co-chair  
College Selection Committee

\_\_\_\_\_  
Student Co-chair  
College Selection Committee

**\*By submission of this form, the committee validates that this nominee meets all eligibility and criteria requirements.**

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](mailto:sbbailey@ncsu.edu)