

**NC STATE UNIVERSITY**

**Outstanding Teacher Award Nomination Form**

Date \_\_\_\_\_

**NOMINEE INFORMATION**

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

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

Email \_\_\_\_\_ NC State 9-digit ID # \_\_\_\_\_

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

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

Number of courses and credit hours taught at NC State (excluding summer sessions): \_\_\_\_\_

Previous recognition of Outstanding Teacher (if applicable) (list all years) \_\_\_\_\_

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

List other teaching awards and years awarded:

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

College \_\_\_\_\_ Department \_\_\_\_\_

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

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

Contact information for nomination package submission (other than Dean or Department Head)

Contact Name \_\_\_\_\_ Contact Email \_\_\_\_\_

\_\_\_\_\_  
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)