

NC STATE UNIVERSITY

Provost's 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 _____

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