

NOMINATION FORM
2013
Governor's Professor of the Year Award

Submitting Institution _____

Name of Nominee _____

Rank/Title _____

Discipline _____ Department _____

Office Address _____ Office Phone # _____

_____ Home Phone # _____

Home Address _____ E-Mail Address _____

Full-time Teaching Experience at Present Institution: _____ years

Full-time Teaching Experience at Other Institutions: _____ years

An institutional nominee must have completed at least four years of full-time teaching experience at the institution.

DEGREES HELD

<u>Institution</u>	<u>Degree</u>	<u>Academic Discipline</u>	<u>Year Conferred</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER SIGNIFICANT COURSEWORK

<u>Institution</u>	<u>Degree Sought</u> (if applicable)	<u>Academic Discipline</u>	<u>Years</u>
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_____	_____	_____	_____
_____	_____	_____	_____

COURSES TAUGHT AT PRESENT INSTITUTION (2011-2012)

(Provide course titles and credit/contact hour load, including number of sections and preparations for both semesters.)

Append to the nomination form summaries of student evaluations for all courses taught in the most recent fully completed year.

