

Nomination Form
Outstanding Teaching Award
Faculty Senate of the University of Miami

Nominee's Name: _____
College or School: _____
Department: _____
Academic Rank: _____
Year of First Faculty Appointment at UM: _____

Courses Developed at UM and Year (use additional page if necessary)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Courses Taught at UM and Year(s) (use additional page if necessary)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Teaching Awards and Honors and Year (use additional page if necessary)

1. _____
2. _____
3. _____
4. _____

Nominator's Name: _____
Nominator's Signature: _____
Nominee's Dean/Chair Signature: _____

(Dean/chair gives permission for nominee's teaching evaluations to be submitted to selection committee for review if requested.)