

Distinguished Teaching Award Nomination Form

Name of Nominee: _____
Position: _____ Faculty/Dept: _____
Phone Number: _____ Email: _____

Name of Nominator: _____
Phone Number: _____ Email: _____

Date: _____ Nominator Signature: _____

Please ensure that the nominator's letter of recommendation is attached with the nomination form. This letter describes the nominator's knowledge of the nominee's teaching and states the basis on which the nomination is made.

Please forward nominations by: **December 16, 2019** to:

The Distinguished Teaching Award Selection Committee
c/o VP Academic Office
The University of Lethbridge
4401 University Drive
Lethbridge, AB T1K 3M4
Ph. (403) 329-2286