TRU Faculty Excellence Award Nomination Form

Name of the Nominee:		
Department/Program:		
List of Nominators:		
1.		
	Name	Relationship to nominee (e.g., student, colleague)
	Signature	
2.	-	
	Name	Relationship to nominee (e.g., student, colleague)
	Signature	
3.		
	Name:	Relationship to nominee (e.g., student, colleague)
	Signature	
4.	Name	Relationship to nominee (e.g., student, colleague)
	Signature	
5.		
	Name	Relationship to nominee (e.g., student, colleague)
	Signature	
	o.g.na.are	
6.	Name	Relationship to nominee (e.g., student, colleague)
	Signature	
Attachments to be submitted by Nominators:		
Each nominator should attach a written statement describing how the instructor being nominated meets the		
criteria for this award. Please be as <i>detailed</i> and <i>specific</i> as possible in order that a thorough evaluation of the		
nominee may be made. Student nominators should list the course(s) they have taken from the nominee, and		
when.		
Acknowledgement of the Nominee:		
I, .	11 A 1	accept this nomination for the 20 TRU Faculty
Exc	cellence Award.	
Date:		