

THE TEACHERS COLLEGE FACULTY RECOGNITION AWARDS – 2020-21

NOMINATION ACCEPTANCE FORM

The Department Faculty Recognition committee requests that you complete the following information.

Name: _____
LAST, FIRST, MI

Years in The Teachers College: ____ Years at ESU: ____ Current academic rank: _____

You were nominated in the following category/ies:

_____ Instruction _____ Scholarly Activity _____ Service

Do you wish to have your nomination considered further?

_____ yes _____ no

In what award category do you wish to be considered?

_____ Instruction _____ Scholarly Activity _____ Service

For what three consecutive years, out of the past six years, do you wish to be considered?

Signature

Date

Please return this form to the **Chair of the Department Faculty Recognition Committee** by department deadline.