

DATE:	

Mount Royal University Faculty Association Teaching Excellence Award

Nomination Form

Return to the MRFA Offices (W315) by the last day of the winter semester. I nominate ______, of the ______Department for a Mount Royal University Faculty Association Teaching Award. () Full-time () Contract O Faculty **Nominator's Name:** (Please print) **Email:**Department/Program: O Student O Admin O Alumni **Nominator's Signature:** O Staff O Faculty Seconder's Name: ____ (Please print) O Student

Email: Department/Program: O Admin O Student O Alumni Seconder's Signature: O Staff Seconder's Name: ____ O Student Email: _____ Department/Program: _____ Seconder's Signature: Please indicate below the reasons for your nomination.