DATE: _____

Mount Royal University Faculty Association Teaching Excellence Award

Nomination Form

Return to the MRFA Offices (W315) by the last Friday in May.

I nominate _____, of the _____Department for a Mount Royal University Faculty Association Teaching Award.

( ) Full-time ( ) Contract

Nominator's Name:_____
(Please print)
Email:_____ **Department/Program:**_____
Nominator's Signature:

O Faculty
O Student
O Admin
O Alumni
O Staff

Seconder's Name: _____
(Please print)
Email:_____ **Department/Program:**_____
Seconder's Signature:

O Faculty
O Student
O Admin
O Alumni
O Staff

Seconder's Name: _____
(Please print)
Email:_____ **Department/Program:**_____
Seconder's Signature:

O Student

Please indicate below the reasons for your nomination.

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