



DATE: _____

Mount Royal University Faculty Association Teaching Excellence Award

Nomination Form

Return to the MRFA, office@mrfa.net, 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:

Faculty
Student
Admin
Alumni
Staff

Seconder's Name: _____
(Please print)

Email: _____ **Department/Program:** _____

Seconder's Signature:

Faculty
Student
Admin
Alumni
Staff

Seconder's Name: _____
(Please print)

Email: _____ **Department/Program:** _____

Seconder's Signature:

Student

Please indicate below the reasons for your nomination.
