

2025

PIPER PROFESSOR NOMINATION

Name of C	ollege/University/Institute	
Ad	dress of Institution	Zip
Type of Institution: (As defined by Coordinating Board) () Public Senior () Public Community/Jr. () Public	olic Technical Inst. () Ind	dependent Senior () Independent Junior
Name of Piper Professor Nominee		Highest Degree Held (Abbreviated Form)
Rank/Title o	f Nominee and Department	
Years of Teaching at College Level	Years of Teaching at	Present Institution
Current Teaching Load: Lecture Hours/Week	Lab Hours _	Other
Approximate No. Students: Undergraduate	Graduate	Other
Standard Full-Time Teaching Load at your Institution: Undergraduate		Graduate
Summer Teaching:		

* Other = Conference courses; Theses/Dissertations Directed; Misc. (Describe in next section)

Please describe current additional or administrative duties, i.e., Chairman of Department, Graduate Advisor, Thesis/ Dissertation Director, etc., giving numbers of Professors/Students involved and approximate number of hours devoted thereto. Student Organizations or Scholastic Fraternities Sponsored: (during past three years).

Membership in Honor Societies; Professional Societies; Listing in <u>Who's Who</u> or Other; Special Educational Projects Undertaken (TV series, etc.), Special Awards/Grants Received:

Service to off-campus community: (committee work, church work, fund drives, Scouts, etc.)

Since the Piper Foundation is primarily interested in identifying and honoring effective and dedicated teachers, the Selection Committee would appreciate any information you care to submit about the nominee's teaching. Is there evidence that the nominee is particularly effective in the classroom and in personal contact with students? Has the nominee demonstrated an unusual dedication to the profession of teaching? Does the nominee inspire respect and admiration in his colleagues? In comparison with other members of the faculty, how do you rate the nominee (1) as a teacher, (2) as a scholar, and (3) in the contribution made to the achievement of the purposes of the institution?

How was your nominee selected? Please be specific and indicate if he/she has been nominated before.

Fall Semester Full-time Equivalent Student Body Enrollment of your Institution:

Date

Signature of Administrator

Print Name of Administrator

Rank/Title/Administrative Position