



PLEASE NOTE
Part "A" - To be completed by
nominating institution

2 0 2 6

PIPER PROFESSOR NOMINATION

Name of College/University/Institute

Address of Institution

Zip

Type of Institution: (As defined by Coordinating Board)

() Public Senior () Public Community/Jr. () Public Technical Inst. () Independent Senior () Independent Junior

Name of Piper Professor Nominee

Highest Degree Held
(Abbreviated Form)

Rank/Title of 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 Who's Who 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