

2024

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 () Inde	pendent Junior
Name of Piper Professor NomineeHighest Degree H (Abbreviated Formation)	
Rank/Title of Nominee and Department	
Years of Teaching at College Level Years of Teaching at Present Institution	
Current Teaching Load: Lecture Hours/Week 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/I Director, etc., giving numbers of Professors/Students involved and approximate number of hours devoted thereto.	Dissertation

student Organizatio	ns or Scholastic Fraternities Sponsored: (during past three years).	
1embership in Hon pecial Educational	or Societies; Professional Societies; Listing in <u>Who's Who</u> or Other; Projects Undertaken (TV series, etc.), Special Awards/Grants Received:	
ervice to off-camp	us 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:

Signature of Administrator

Date

Print Name of Administrator

Rank/Title/Administrative Position