MATHEMATICAL ASSOCIATION OF AMERICA
AWARDS FOR DISTINGUISHED COLLEGE OR UNIVERSITY
TEACHING OF MATHEMATICS
NOMINATION FORM

Please Type

Name of Nominee (Last name first) _____________________________________________

Name of College or University _________________________________________________

College or University Address _________________________________________________

College Telephone (____) ______________        Home Telephone (____) _______________

Number of years of teaching experience in a mathematical science _____

Has the nominee taught at least half time in a mathematical science for the past three years (not counting a sabbatical period?): ______

Activities related to teaching ____________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Publications related to teaching, if any (list no more than five) __________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Membership and significant activities in relevant professional organizations _______________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Previous awards for teaching, if any ______________________________________________
____________________________________________________________________________
____________________________________________________________________________

Additional relevant information __________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Name of Nominator (last name first) ______________________________________________

Address of Nominator ____________________________________________________________
____________________________________________________________________________

Nominator’s Telephone: Office (____) ______________        Home (____) _________________

Nominator’s Signature