

Full- and Part-Time

TEACHING AWARD OF EXCELLENCE

Nomination Form

Date: _____

NOMINATOR INFORMATION

Name: _____

Faculty _____ Student _____ Staff _____ Alumni _____

Nominator Signature: _____

Email Address: _____

NOMINEE INFORMATION

Name: _____

School/Program: _____

Nominee Signature: _____

Has the nominee agreed to have her/his name stand?: YES ___ NO ___

SEND NOMINATIONS TO: FHS Teaching Awards Committee
Attn: Associate Dean (Undergraduate)
Arthur and Sonia Labatt Health Sciences Building
Room 200C

For complete nomination instructions, visit: www.westernu.ca/fhs/about/recognition

PLEASE NOTE: Complete Award Dossiers are due by April 15 (or the first business day thereafter if deadline falls on a weekend) and are the responsibility of the nominee with administrative support provided by the School/Dean's Office.

Nomination Deadline: March 1



Western
Health Sciences

Office of
the Dean