

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



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PERSONAL INFOR	RMATION			
Name () Dr. () N	Mr. () Mrs. () Miss	First	Middle	Last
Home Address				
		Number and Stu	reet	
	City		Zip	Telephone
Email Address				
College/University Address				
		Name of Institut	ion	
Rank/Title	Building and Off			Telephone and Extension
and Department				
Date of Birth	Place of	of Birth		
Marital Status	Numbe	r of Children	Ages	
Military Service Rec	cord: Branch	Dates	Rank	
EDUCATIONAL EX	XPERIENCE: Schools and (Colleges Attended, beg	nning with High Schoo	1
Name of Institution		Dates of Attenda	nce	Degree/Diploma Received

Additional Training (Summer Institutes, Seminars, etc.)

Instit	tution	Dates of Attendance	Type of Training
TEACHING EXPE	RIENCE:		
Instit	tution	Inclusive Dates	Title/Rank
	summarize any research	Committee is not primarily concerned with " projects completed, and list any books/artic	les published and/or in use, exclusive of
	your Master's Thesis an	d/or Doctoral Dissertation. (Continue on re	everse side if necessary)

CUDDICULUM VITAE. Other then what has heretafore have enumerated places in direct the highlights of your tapphing correspond
<u>CURRICULUM VITAE</u> : Other than what has heretofore been enumerated, please indicate the highlights of your teaching career.

AUTOBIOGRAPHICAL SKETCH: Short personal history.