



### 2025

## PIPER PROFESSOR NOMINATION

Name of Col	llege/University/Institute		
Addr	ress of Institution		Zip
Type of Institution: (As defined by Coordinating Board)  ( ) Public Senior ( ) Public Community/Jr. ( ) Publ	ic Technical Inst. ( ) l	Independent Senior	( ) Independent Junior
Name of Pi	per Professor Nominee	· ·	Degree Held viated Form)
Rank/Title of	Nominee and Departmen	t	
Years of Teaching at College Level	Years of Teaching	at Present Institution	1
Current Teaching Load: Lecture Hours/Week	Lab Hours		Other
Approximate No. Students: Undergraduate	Graduate _		Other
Standard Full-Time Teaching Load at your Institution: U	ndergraduate	Gradua	te
Summer Teaching:			
* Other = Conference courses: Theses/Dissertations Direct	od: Misa (Dosoribo in no	ext coation)	

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.)

	Rank/Title/Administrative Position
	Print Name of Administrator
Date	Signature of Administrator
Fall Semester Full-time Equivalent Student Boo	dy Enrollment of your Institution:
Trow was your nominee selected. Trouse	o of specific and indicate if he sile has been nonlinated before.
How was your nominee selected? Please	e be specific and indicate if he/she has been nominated before.
	and all of the purposes of the motivation.
nominee demonstrated an unusual dedicat admiration in his colleagues? In compariso	fective in the classroom and in personal contact with students? Has the ion to the profession of teaching? Does the nominee inspire respect and n with other members of the faculty, how do you rate the nominee (1) as a cribution made to the achievement of the purposes of the institution?
	erested in identifying and honoring effective and dedicated teachers, the information you care to submit about the nominee's teaching. Is there



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PERSONAL IN	FORMATION			
Name ( ) Dr. (	) Mr. ( ) Mrs. ( ) Ms	First	Middle	Last
Home Address _				
		Number and Str	reet	
-	City		Zip	Telephone
Email Address _				
College/University Address	y			
		Name of Institut	ion	
-	Building and Off	fice		Telephone and Extension
Rank/Title and Department				
EDUCATIONAI	L EXPERIENCE: Schools and	Colleges Attended, begi	nning with High Scho	ol
Name	of Institution	Dates of Attenda	nce	Degree/Diploma Received
				·

#### Additional Training (Summer Institutes, Seminars, etc.)

Institution	Dates of Attendance	Type of Training
TEACHING EXPERIENCE:		
Institution	Inclusive Dates	Title/Rank

PUBLICATIONS: Although the Selection Committee is not primarily concerned with "Research/Publish or Perish," please summarize any research projects completed, and list any books/articles published and/or in use, exclusive of your Master's Thesis and/or Doctoral Dissertation. (Continue on reverse side if necessary)

STATEMENT OF PURPOSE: Why are you teaching?
CURRICULUM VITAE: Other than what has heretofore been enumerated, please indicate the highlights of your teaching career.

TUTOBIOGRAPHICAL SKETC	H: Short personal history.		
Date		Signature of Nominee	