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: ________________________________

Number of years of teaching experience in a mathematical science: __________

Has the nominee taught at least half time in a mathematical science during the current academic year or during the previous year if on approved leave or sabbatical? ________

In the space below, please briefly describe the unusual personal and professional qualities of the nominee that contribute to his or her extraordinary teaching success.

Name of Nominator (first name first): ________________________________

Address of Nominator: ________________________________

Telephone: ___________________  Email: ____________________

Nominator’s Signature: ________________________________