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PIPER PROFESSOR NOMINATION

N		
ınam	e of College/University/Institute	
	Address of Institution	Zip
Type of Institution: (As defined by Coordinating Box () Public Senior () Public Community/Jr. (ndent Senior () Independent Junior
Nar	me of Piper Professor Nominee	Highest Degree Held (Abbreviated Form)
Rank/	Title of Nominee and Department	
Years of Teaching at College Level	Years of Teaching at Pre	sent Institution
Current Teaching Load: Lecture Hours/Week	Lab Hours	Other*
Approximate No. Students: Undergraduate	Graduate	Other
Standard Full-Time Teaching Load at your Institution	on: Undergraduate	Graduate
Summer Teaching:		
* Other = Conference courses; Theses/Dissertations	s Directed; Misc. (Describe in next sect	tion)
Please describe current additional or administrative of Director, etc., giving numbers of Professors/Students		

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.)

is particularly effective in the classroom and dedication to the profession of teaching?	ion you care to submit about the nominee's teaching. Is there evidence that the nominee d in personal contact with students? Has the nominee demonstrated an unusual Does the nominee inspire respect and admiration in his colleagues? In comparison with 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 inst	
How was your nominee selected? Please	be specific and indicate if he/she has been nominated before.
Fall Semester Full-time Equivalent Student	t Body Enrollment of your Institution:
Date	Signature of Administrator
	Rank/Title/Administrative Position



2020

PIPER PROFESSOR NOMINATION

]	First	Middle	Last
Home Address				
	N	umber and Street		
	City	Zip		Telephone
Email Address	•	_		<u>.</u>
College/University Address				
Address	N	ame of Institution		
Rank/Title and Department	Building and Office			Telephone and Extension
Date of Birth				
	Number of Children			
Military Service Record: Bran				
EDUCATIONAL EXPERIENC	TE: Schools and Colleges	Attended beginning w	with High School	
Name of Institution	_	ites of Attendance	-	Degree/Diploma Received

Additional Training (Summer Institutes, Seminars, etc.)

Institution	Dates of Attendance	Type of Training	
TEACHING EXPERIENCE:			
Institution	Inclusive Dates	Title/Rank	
summarize any resea	ion Committee is not primarily concerned with "Rarch projects completed, and list any books/articles and/or Doctoral Dissertation. (Continue on rev	s published and/or in use, exclusive of	

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

AUTOBIOGRAPHICAL SKETCH: Short personal history.			
 Date	Signatur	re of Nominee	