

NOMINATION FOR HONORS FACULTY STATUS

Directions: This completed form should be submitted to the Esther G. Maynor Honors College.

Please attach a complete and current CV and a brief statement of how the applicant's teaching philosophy will enhance the mission of the Honors College. Applicants should also include copies of the two most recent sets of student evaluations of teaching, including both qualitative and quantitative evidence. Signatures of the Department Chair and College/School Dean should be obtained before submission.

Date:			
Faculty Member Being Nomi	inated:		
Department:			
Current Academic Rank:			
Current Tenure Status:			
Date of Initial Appointment	at Current Acad	emic Rank:	
Highest Degree Earned:			
Date Earned:			
Field(s) of Specialty:			
Latitudes Country December			
Institution Granting Degree:			
Have you ever been nominat	ed for a UNCP (Outstanding Teaching Award?	
Yes	No	If a recipient, date	
Have you ever been nomina	ted for a Board	of Governors Teaching Award?	
Yes	No	If a recipient, date	

Endorsements/Recommendations

Signature of Department Chair (if applicable)	Date
Signature of College/School Dean	Date
Signature of Dean, Maynor Honors College	Date
Signature of Provost and Vice Chancellor for Academic Affairs	Date
Honors Council Action Approved Not Approved	