

**MATHEMATICAL ASSOCIATION OF AMERICA
AWARDS FOR DISTINGUISHED COLLEGE OR UNIVERSITY TEACHING OF
MATHEMATICS**

Nomination Form

Name of Nominee (last name first) _____

Name of College or University _____

College or University Address _____

College Telephone (____) _____ Home Telephone (____) _____

Number of years of teaching experience in a mathematical science _____

Has the nominee taught at least half time in a mathematical science for the past three years (not counting a sabbatical period)? _____

Activities related to teaching

Publications related to teaching if any (List no more than five)

Membership and significant activities in relevant professional organizations

Previous awards for teaching, if any

Additional relevant information

Name of Nominator (last name first)_____

Address of Nominator_____

Signature_____