

Nomination Form

MATHEMATICAL ASSOCIATION OF AMERICA
MISSOURI SECTION
DISTINGUISHED COLLEGE OR UNIVERSITY TEACHING OF MATHEMATICS AWARD

Nominee's Name (first name first) _____

College or University Affiliation _____

College or University Address _____

City _____ State _____ Zip _____

Nominee's number of years 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: _____