Distinguished Teaching Award Nomination Form

NORTHWESTERN UNIVERSITY | SCHOOL OF CONTINUING STUDIES

Academic year: 20 _____ - 20 _____

Name of instructor you would like to nominate: _____

Courses you have taken with this instructor (list term and year):

_____

_____

Program (check one) ❍ **Undergraduate** ❍ **Graduate** ❍ **Non-credit**

Reasons for nomination (Why do you think this instructor qualifies? Illustrate your reasons with specific, descriptive examples):

_____

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_____

Your name: _____ **Course of study (if applicable)** _____

Courses taken at SCS:

_____

_____

_____

Signature: _____ **Date:** _____

Please mail or fax this form to:

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