



Centre for Pedagogical Innovation (CPI)

# CHANCELLOR’S CHAIR FOR TEACHING EXCELLENCE NOMINATION FORM

The signed Nomination Form should be submitted along with the candidate’s dossier to the Centre for Pedagogical Innovation electronically ([cpi@brocku.ca](mailto:cpi@brocku.ca)) by the **March 31**.

## ELIGIBILITY

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Chancellor’s Chair-holders will be individuals who have demonstrated exceptional promise of outstanding contributions to post-secondary teaching, learning, and/or educational technology and/or have established an exemplary record of achievement in this important aspect of university endeavor.

Only Brock tenure-track or tenured faculty members are eligible to be nominated.

## CANDIDATE INFORMATION

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Name: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_ (signature) agree to be nominated for the following Chancellor’s Chair for Teaching Excellence.

## NOMINATOR INFORMATION

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Candidates must receive the nomination of at least 2 current members of the Brock academic community. Additionally, nomination must be supported in writing by the candidate’s Dean.

### NOMINATOR 1

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

### NOMINATOR 2

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

## REFERENCES INFORMATION

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The candidate must provide the names, contact information, and area of expertise of up to 4 references of which at least 1 must be external to Brock University. Nominators may stand as referees. The Selection Committee shall seek references from at least 2 referees.

### REFEREE 1

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

### REFEREE 2

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

### REFEREE 3

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

### REFEREE 4

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_