



Association of Engineering Technicians and Technologists of Newfoundland and Labrador Inc.

Suite 3008, 29-31 Pippy Place, St. John's, NL A1B 3X2

Tel (709) 747-2868 / Fax 747-2869 / Toll Free 1-888-238-8600

Email: aettnl@aettnl.com / Homepage: www.aettnl.com

INSTRUCTIONS

Please submit the following **nomination form** to the 2024-2025 Instructor Excellence Award Committee, at the above noted address. **In addition to the nomination form**, the following documents must be submitted to the Committee, c/o Registrar in a sealed envelope, by _____.

1. A SUBMISSION JUSTIFYING THE NOMINATION (2 TO 3 PAGES Maximum) WHICH INCLUDES A SUMMARY IN POINT FORM HIGHLIGHTING MAJOR CONTRIBUTIONS TO INSTRUCTIONAL EXCELLENCE AND ENGINEERING/APPLIED SCIENCE TECHNOLOGY EDUCATION.
2. ADDITIONAL SUPPORTING DOCUMENTATION SUCH AS:
 - LETTERS OF SUPPORT FROM AETTNL STUDENTS MEMBERS (MANDATORY; 2 OR MORE STUDENT NOMINATIONS)
 - LETTER OF SUPPORT FROM THE NOMINEE'S CAMPUS DIRECTOR OR COORDINATING INSTRUCTOR (MANDATORY)
 - LETTERS OF SUPPORT FROM PROFESSIONAL COLLEAGUES
 - EXAMPLES OF EXCEPTIONAL CONTRIBUTIONS TO THE COLLEGE AND/OR TECHNICAL EDUCATION
 - THE CANDIDATE'S C.V. (REQUIRED)

NOMINEE INFORMATION:

Name	
Department	
Faculty	
The nominee is your <input type="checkbox"/> instructor <input type="checkbox"/> colleague <input type="checkbox"/> other	
If the nominee is/was your instructor, when did you take their class?	
The nominee's signature indicates acceptance of this nomination.	Nominee's Signature: X _____



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NOMINATOR INFORMATION:

To be completed by an individual nominator or a representative of a nominating group

Name	
Telephone Number	
Email	
Are you submitting this nomination as a team? <input type="checkbox"/> yes <input type="checkbox"/> no	<i>Please provide the names and signatures of all the nominators below.</i>
I hereby nominate the above-mentioned instructor for recognition.	
SIGNATURE:	X _____

OTHER Nominators

Name (please print)	Signature	Date