

SEYMOUR WEISS EXCELLENCE IN TEACHING AWARD NOMINATION ACCEPTANCE FORM

Full Name:		Academic Division:
Title:		
Discipline:		
I ACCEPT the nomination for the Del requires the following:	gado Seymour W	eiss Excellence in Teaching Award, which
I AGREE to complete the prepara includes submission of a packet.	ntion process for t	the Excellence in Teaching Award, which
I AGREE to attend Delgado's Spr.	ing Commenceme	ent Exercises for this academic year.
		nd Organizational Development (NISOD) erstand that Delgado will pay for my travel to
Dates:		
Location (City/State):		
I DECLINE the nomination for the De	lgado Seymour W	leiss Excellence in Teaching Award.
Faculty Member's Signature	Date	
Received:		
Academic Dean's Signature	 Date	