

SEYMOUR WEISS EXCELLENCE IN TEACHING AWARD NOMINATION ACCEPTANCE FORM

| Full Name: | | | Division: | |
|--|------|------|----------------------------|--|
| Title: | | | | |
| Discipline: | | | | |
| requires the following | g: | - | iss Excellence in Teaching | |
| I AGREE to complete the preparation process for the Excellence in Teaching Award, which includes submission of a packet. | | | | |
| • I AGREE to attend Delgado's Spring Commencement Exercises for this academic year. | | | | |
| I AGREE to attend the National Institute for Staff and Organizational Development (NISOD) Conference if I am the recipient of the award. I understand that Delgado will pay for my travel to the Conference: | | | | |
| Dates: | | | | |
| Location (City/State): | | | | |
| I DECLINE the nomination for the Delgado Seymour Weiss Excellence in Teaching Award. | | | | |
| Faculty Member's Signat | ture | Date | | |
| Received: | | | | |
| Division Dean's Signatur | e | Date | | |