

# W.T. AIKINS AWARDS FOR EXCELLENCE IN UNDERGRADUATE TEACHING

PRELIMINARY NOMINATION FORM | due **Friday, January 19, 2024**

## NOMINEE Information

Name [print]: (individual, group):		
<input type="checkbox"/> Appointed Member of Faculty Temerty Faculty of Medicine Department:	Course:	<u>Minimum 10 years</u> of teaching service within the Temerty Faculty of Medicine <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		<u>Minimum 3 years</u> of summarized course data is required and available to access upon request: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:		Signature:

<b>AWARD: Which category of Award is the above nomination for? (Check one)</b> <input type="checkbox"/> Course/Program Development and Coordination; requires <b>3 nominators</b> (including at least one student, and one faculty member) <input type="checkbox"/> Development and Use of Educational Innovations; requires <b>3 nominators</b> (including at least one student, and one faculty member) <input type="checkbox"/> Individual Teaching Performance: Clerkship; requires <b>3 nominators</b> (including at least 2 students) <input type="checkbox"/> Individual Teaching Performance: Foundations; requires <b>3 nominators</b> (including at least 2 students)
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## NOMINATORS

<b>PRIMARY Nominator</b> [print]:		
<input type="checkbox"/> Appointed Member of Temerty Faculty of Medicine <input type="checkbox"/> Medical Student		
Mailing Address:		Phone Number:
Email:	Signature	

<b>SECONDARY Nominator</b> [print]:		
<input type="checkbox"/> Appointed Member of Temerty Faculty of Medicine <input type="checkbox"/> Medical Student		
Mailing Address:		Phone Number:
Email:	Signature	

<b>THIRD Nominator</b> [print]:		
<input type="checkbox"/> Appointed Member of Temerty Faculty of Medicine <input type="checkbox"/> Medical Student		
Mailing Address:		Phone Number:
Email:	Signature	

## THE PRIMARY NOMINATOR SHOULD:

1. Obtain the signatures of the other nominator(s) and of the nominee.
2. Attach a letter of nomination by the primary nominator indicating why this individual(s) is being nominated with reference to the specific award criteria. Maximum 2 pages.
3. Submit the completed nomination form and letter electronically by **Friday, January 19, 2024** to [md.reception@utoronto.ca](mailto:md.reception@utoronto.ca).