**College of Science**

**Teaching Excellence Award 2024-25**

**Nomination Form**

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| **Notes for Completion:**1. Please read the Guidelines for the CSCI Teaching Excellence Award before submission.
2. The completed Nomination Form should be sent to the CSCI (email: csci.office@cityu.edu.hk) on or before **21 February 2025 (Friday)**.
 |

1. **Particulars of Nominee(s)** *(tick the appropriate box)*

□ Individual Award (complete particulars of individual)

□ Team Award (complete particulars of team leader and details of team members below)

*[Team award is applicable for self-nomination only]*

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Post: |  |
| Email: |  |
| Date Joined: |  |

*Team members (if applicable)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Member 1 | Member 2 | Member 3 | Member 4 |
| Department: |  |  |  |  |
| Post: |  |  |  |  |
| Email: |  |  |  |  |

1. **Supporting Statement** *(Approximately 200 words):*

*(Please justify why the individual/team should be considered)*

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|  |

1. **Signed by Nominee (for Individual and Team)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *(tick the appropriate box, \* delete as appropriate)*□ I would like to nominate \* myself / my team (with consent from team members) for the CSCI Teaching Excellence Award.□ I confirm my acceptance of the nomination for the CSCI Teaching Excellence Award.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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1. **Signed by Nominator (for Heads and Peers)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| With my nomination for the above candidate(s), I agree that I would refrain from any award selection process for the CSCI Teaching Excellence Award.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  | Dept: |  |
| Post: |  |  |  |

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1. **Signed by Supporters** *(only applicable to Peer Nomination)*

(Any three students/alumni who are currently enrolled in, or have previously been enrolled in a formal degree-bearing programme offered by the College of Science.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **Student No.** | **Programme of Study** | **Contact Phone No. and Email Address** | **Signature** | **Date** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

Last updated: Jan 2025