



# De La Salle University

## NOMINATION FORM

**ST. BENILDE ROMANCON  
PILLAR OF LASALLIAN EXCELLENCE AWARD**

Please attach recent  
colored 2x2 photo  
(not scanned)

### PERSONAL INFORMATION

<b>NAME</b> (SURNAME, FIRST NAME, MIDDLE NAME)				<b>TITLE</b>	
Sex (Check) <input type="checkbox"/> M <input type="checkbox"/> F	Nick Name	Civil Status	Birthdate		Birthplace
			mm	dd	yyyy
Residence					Zip Code
Email Address:	Home Tel. No.:	Mobile Phone No.:	Fax No.:		
No. of units taught at the time of nomination:					

### EXCELLENCE IN TEACHING

#### INSTRUCTIONS:

1. Kindly fill out this form thoroughly. Use black ink and print legibly in the printer.
2. Submit this original copy plus a photocopied one to your dean's office on or before \_\_\_\_\_.

#### CRITERIA:

1. ITEO/peer/chair evaluation

Academic Year – Term	ITEO's Rating	Chair's Rating	Peer's Rating	Dean's Rating

## 2. Comments and Feedback

Students

Colleagues

Alumni

## 3. Support of Student-Sponsored Activities

Specifics of Support	Student Activity	Organization	Period

## 4. Effective Mentoring

Mentee	Title of Research	Title and Date of Publication	Title, Venue, and Date of Conference/Seminar/Proceeding

5. New Programs or modules developed

Title of Program/Modules Developed	Sponsoring Organization/ Venue	Begin Date	End Date

6. Teaching innovation

Title	Details/Particulars

**OTHER INFORMATION**

(Please mention any other experiences or achievements not specifically indicated above.)

**CERTIFICATION**

TO THE SCREENING COMMITTEE:

I certify to the best of my knowledge that all information in this form is factual and correct. I am fully aware that any misrepresentation of facts stated can be used for the nominee's disqualification.

SIGNED THIS DAY OF \_\_\_\_\_ at \_\_\_\_\_  
Date Place

\_\_\_\_\_  
SIGNATURE ABOVE PRINTED NAME

