# Emerging Scholar Award Nomination Form

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| --- | --- |
| Nomination year: |  |
| Name of Nominee: |  |
| Nominee’s Institution: |  |
| Nominee’s Email: |  |
|  |  |
|  |  |
| Is the Nominee aware of this nomination: | YES | NO |

## Declaration

I wish to nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_ , for an ASCILITE Emerging Scholar Award in recognition of outstanding contributions to the exemplary use of, and/or research into, technologies for teaching and learning in tertiary education as an emerging scholar.

Please note, you may self-nominate.

## Nomination Categories

Category of nomination (please tick a minimum of two):

|  |  |
| --- | --- |
| Emerging professional mentoring that encourages and supports the exemplary use of technologies for learning and teaching in tertiary education. |  |
| Emerging professional leadership engaged in the development, application or implementation of exemplary technology-enhanced learning and teaching in tertiary education. |  |
| Emerging noteworthy research in the use of technologies for learning and teaching in tertiary education leading to significant new knowledge and/or understandings.  |  |
| Emerging quality research in the use of technologies for teaching and learning in tertiary education which will lead to significant new knowledge and/or understandings. |  |

## Nominee’s contribution

Details of noteworthy contribution in the exemplary use and research of technologies for learning and teaching in tertiary education (250 words maximum):

Details of how this contribution aligns to the strategic goals and vision of ASCILITE (100 words maximum):

What makes this nominee suitable to be an ASCILITE Emerging Scholar? List 3 key achievements that form the basis of this emerging scholar application (100 words):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nominator Details

|  |  |  |
| --- | --- | --- |
| Nominator’s Signature: |  |  |
| Nominator’s Institution: |  |  |
| Nominator’s Email: |  |  |
| Date: |  |  |

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| Seconder Details\*

|  |  |  |
| --- | --- | --- |
| Seconder’s Signature: |  |  |
| Seconder’s Institution: |  |  |
| Seconder’s Email: |  |  |
| Date: |  |  |

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*\*The seconder must be a current member of ASCILITE.*

Please return this form by email to secretariat@ascilite.org by the due date indicated on the ASCILITE website.