THE FEDERAL POLYTECHNIC, ILARO

BEST LECTURER OF THE YEAR
AWARD EVALUATION FORM

PART A
(To be completed by the Applicant)

1. NAME: DR/MR/MRS/MISS: _____
[Surname] [First] [Middle]

2. STAFF FILE NO: _____ 3. PHONE NO: _____

4. DATE OF BIRTH: _____ 5. GENDER: _____
[DD – MM – YYYY]

6. SCHOOL: _____

7. DEPARTMENT: _____

8. QUALIFICATIONS: [Degree, Diploma, Certificates and Membership of Professional Bodies]

S/N	QUALIFICATIONS	CLASS	AWARDING INSTITUTIONS	DATE

9. MEMBERSHIP OF PROFESSIONAL BODIES

_____

_____

_____

_____

_____

_____

10. CAREER WITHIN THE POLYTECHNIC:

		POSITION	OTHER JOB TITLES	CONTEDISS/ STEP	DEPARTMENT	DATE
1 2 3 4 5 6 7 8 9	1ST APPOINTMENT PROMOTED/ HARMONISED/ REGRADED TO					

PART B

(To be completed by the Applicant)

11. Indicate the Courses and Class taught in the last one (1) year.

Note:
Give five (5) reasons to convince the Committee that you deserve the Award you are competing for. Please attach evidence if necessary. The Committee may request Evidence of other claims.

1. _____

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2. _____

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3. _____

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4. _____

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5. _____

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_____
Applicant's Signature and Date

_____ _____
Chairman's Name Signature and Date