

OUTSTANDING EDUCATOR NOMINATION FORM

Please print, ensuring the spelling of the name is correct.

Name of outstanding educator _____
title first name/given last name/surname

Subject(s) taught _____

School name _____

Principal/President _____
title first name/given last name/surname

School CEEB code (if known) _____

School address _____
address

_____ city state postal code country

Your name _____
first name/given middle name last name/surname

For which grade level(s) did you have this educator? _____

Why is s/he outstanding? _____

Other comments _____

Please return this form by **Friday, August 1, 2008** to

Office of Undergraduate Admission P: 312.567.3025
10 West 33rd Street P: 800.448.2329 (outside Chicago)
Perlstein 101 F: 312.567.6939
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"A teacher affects eternity; he can never tell where his influence stops."
Henry B. Adams