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**PROFESSOR OF THE YEAR AWARD**

**BACKGROUND**

In 2009, ASTM International launched the *Year of the Professor* campaign with the goal of having professors become more aware of teaching students about ASTM standards. That year, the ASTM International Professor of the Year Award was created to reward professors that expose students to standards and encourage the use of standards. Due to the success of the program and outstanding nominations, ASTM International will continue to sponsor the Professor of the Year Award annually.

**CRITERIA**

The basis of the Award shall be:

* An educator, professor, or teacher at an accredited university must demonstrate use of ASTM standards in the curriculum or the classroom. Universities must be accredited by the responsible regional or national agency.
* Membership in ASTM International is not required to win the award.
* No candidate can nominate themselves. They must be nominated by another person (*see Nomination Form*).
* The nominator must have 3 references. A reference is a person who attests the nominee is a viable candidate.
* Each reference must fill out and submit a reference form (*see Reference Form*).

## RULES GOVERNING AWARD

* A three-person selection committee assigned by ASTM Staff with responsibility for Academic Outreach will facilitate the selection of the award winner.
* It shall be awarded in the odd numbered years to not more than one person.
* ASTM International membership is not required from the nominator, nominee, or references.
* A unanimous affirmative vote of the members of the selection committee shall be required to select the recipient of the Award.
* **\*All supporting materials must be received by August 31st**

## THE AWARD

The ASTM International Professor of the Year Award will be commemorated and the award winner will receive an honorarium in the amount of $2,000. In addition, the University of the Award Winner will also receive an honorarium in the amount of $2,000.

*\*Supporting materials may be received no later than August 31 either electronically to Travis Murdock, Manager, Technical Committee Operations, at* [*tmurdock@astm.org*](mailto:tmurdock@astm.org) *or by mail to 100 Barr Harbor Drive, West Conshohocken, PA 19428*

**ASTM International Professor of the Year Award****Nomination Form**

1. **Candidate Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last (Family) Name | First | Middle | Prefix |

**Current Occupation**

Position: School: \_

**Business Address**Street: \_

City: State/Providence: \_\_\_\_\_\_\_\_\_\_\_\_

Zip/Postal: Country: \_   
  
Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_   
  
Email: \_  
 **Home Address**Street: \_

City: State/Providence: \_\_\_\_\_\_\_\_\_\_\_\_

Zip/Postal: Country: \_   
  
Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_   
  
Email: \_  
  
Please list below which email/mailing addresses is preferred (business/home):  
  
**2. Education**

Please list all degrees below along with the year and institution they were achieved at. Include the focus of each degree:

**3. Professional History**Please list the year, company name, position, and a brief description for each job:  
  
  
  
  
  
**4. Nominator Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last (Family) Name | First | Middle | Prefix |

Street Address: \_

City: State: \_\_\_\_\_\_\_\_\_\_\_\_  
  
 Zip/Postal: Country: \_

Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_   
  
 Email: \_  
  
  
**5. Individual Contributions**Explain how the nominee has met the criteria for the award? (500 words or less)  
  
  
  
  
**6. References\***Please list 3 references below, along with their email address:  
  
 Name: Email:  
  
1. 1.  
  
2. 2.  
  
3. 3.   
  
  
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**ASTM International Professor of the Year Award****Reference Form**

**1. Candidate Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last (Family) Name | First | Middle | Prefix |

**2. Reference Information\***

|  |  |  |  |
| --- | --- | --- | --- |
| Last (Family) Name | First | Middle | Prefix |

Email: \_ Phone Number: \_

Business/Organization: \_

Street Address: \_

City: State: \_\_\_\_\_\_\_\_\_\_\_\_

*\*If you’re not qualified to judge the candidate, notify nominator immediately.*

**3. How long have you known the candidate? How well do you know him/her? (250 words or less)  
  
  
  
  
  
  
  
  
  
4.) Do you believe the candidate meets the requirements for the award? What makes this candidate deserving? (250 words or less)**

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