

Procedure Type: District

Procedure Title: Alumnus of the Year Nomination Form

Whom Does this Procedure Affect: All District Staff

Purpose: The purpose of this procedure is to provide individuals with a form for nominating the Alumnus of the Year.

ALUMNUS OF THE YEAR NOMINATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

EMPLOYER/POSITION \_\_\_\_\_

DAY TELEPHONE EVENING TELEPHONE \_\_\_\_\_

DEGREE EARNED/AREA OF STUDY AT MCCC (IF KNOWN) \_\_\_\_\_

Supporting Information

Please provide information for the nominee on the basis of the following five criteria. Supporting material may be included, if available.

EDUCATION AT MONROE COUNTY COMMUNITY COLLEGE \_\_\_\_\_

\_\_\_\_\_

COMMUNITY LEADERSHIP \_\_\_\_\_

\_\_\_\_\_

SERVICE TO THE COLLEGE COMMUNITY \_\_\_\_\_

\_\_\_\_\_

HONORS AND AWARDS RECEIVED \_\_\_\_\_

\_\_\_\_\_

DISTINCTION IN NOMINEE'S FIELD \_\_\_\_\_

\_\_\_\_\_

(Please attach additional sheets, if needed.)

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Day Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

Nomination forms should be forwarded to:

President's Office

Monroe County Community College

1555 South Raisinville Road

Monroe, MI 48161-9746