MONROE COUNTY COMMUNITY COLLEGE
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