

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