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