

MONROE COUNTY COMMUNITY COLLEGE
NOMINEE CONSENT FORM
ALUMNUS OF THE YEAR

Name _____

Name while at MCCC (if different) _____

Student Number (Social Security Number) _____

Address _____

City _____ State _____ Zip _____

Day Telephone _____ Evening Telephone _____

If selected to receive the Alumnus of the Year Award, I consent to be robed and on stage at the Monroe County Community College Commencement Ceremony held on _____. I also consent to the use of my name in College publications and press releases regarding my receipt of the MCCC Alumnus of the Year Award.

Signature

_____ Date

Additional Supporting Materials

You may attach additional supporting materials, e.g. letters of support, resume, news items, etc., if desired.

Nominee Consent Form and any supporting materials should be forwarded to:

President=s Office
Monroe County Community College
1555 South Raisinville Road
Monroe, MI 48161-9746