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.)
Nomination forms should be forwarded to:

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