

**Michigan State University College of Nursing
Alumni Service Award, Nomination Form**

No nominee will be considered unless the entire form is completed. Additional pages may be attached.

Nominee _____
Year of Graduation BSN _____ MSN _____ PhD _____
Home Address _____ Home Phone _____
City _____ State _____ Zip _____
Employer _____ Title _____
Business Address _____ Work Phone _____
City _____ State _____ Zip _____

List nominee's voluntary services to Michigan State University, the College of Nursing and/or other public service on a local, state, national, or international level.

Please list professional accomplishments including any leadership roles, elected positions, or other activities deserving special recognition. Include a brief description of duties and the impact the nominee may have had in those roles.

Special Honors, Awards, or other Recognition

Additional Comments

Submitted by _____ Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Email Address _____

Support Documents: Letter of support from nominator and resume of nominee.

Nominations and supporting documents are due by July 31, 2009 or any time throughout the year. Submit to Pamela Schoen, College of Nursing, A217 Life Sciences Building, East Lansing, MI 48824. If you have questions or need additional information please call toll free at 888-771-3637.